

TABLE OF CHANGES – FORM
Form G-325A, Biographic Information 9for Deferred Action)
OMB Number: 1615-0008
03/29/2021

Reason for Revision: PRA Review

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 09/30/2022

Edition Date 09/17/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1	<p>[Page 1]</p> <p>Family Name First Name Middle Name</p> <p>Male Female</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Citizenship/Nationality</p> <p>File Number</p> <p>All Other Names Used (include names by previous marriages)</p> <p>City and Country of Birth</p> <p>U.S. Social Security No. (<i>if any</i>)</p> <p>Father Family Name First Name Date of Birth (<i>mm/dd/yyyy</i>) City, and Country of Birth (<i>if known</i>) City and Country of Residence</p> <p>Mother Family Name (Maiden Name) First Name Date of Birth (<i>mm/dd/yyyy</i>) City, and Country of Birth (<i>if known</i>) City and Country of Residence</p> <p>Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) First Name Date of Birth (<i>mm/dd/yyyy</i>)</p>	<p>[Page 1]</p> <p>[no change]</p>

	<p>Date and Place of Marriage Date and Place of Termination of Marriage</p> <p>Applicant’s residence last five years. List present address first.</p> <p>[Table 5 entries] Street Name and Number City Province or State Country From Month Year To Month Year [“Present Time” in 1st entry]</p> <p>Applicant’s last address outside the United States of more than 1 year.</p> <p>Street Name and Number City Province or State Country From Month Year To Month Year</p> <p>Applicant’s employment last five years. (If none, so state.) List present employment first.</p> <p>[Table 5 entries] Full Name and Address of Employer Occupation (Specify) From Month Year To Month Year [“Present Time” in 1st entry] Last occupation abroad if not shown above. (Include all information requested above.)</p> <p>This form is submitted in connection with an application for: Naturalization Status as Permanent Resident Other (Specify):</p> <p>Signature of Applicant Date</p> <p>If your native alphabet is in other than Roman letters, write your name in your native alphabet below: [Fillable field]</p> <p>Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.</p> <p>Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.</p> <p>Complete This box (Family Name) (Given Name) (Middle Name)</p>	<p>This form is submitted for:</p> <p>Deferred Action Request [delete] [delete]</p> <p>[no change]</p>
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	(Alien Registration Number)	
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