

TABLE OF CHANGES – FORM
Form G-325A, Biographic Information (for Deferred Action)
OMB Number: 1615-0008
06/06/2022

Reason for Revision: Revision

Project Phase: 30 Day

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 09/30/2022

Edition Date 04/08/2021

Current Page Number and Section	Current Text	Proposed Text
Page 1	<p>[Page 1]</p> <p>Family Name</p> <p>First Name</p> <p>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</p> <p>Family Name</p> <p>First Name</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>City, and Country of Birth (<i>if known</i>)</p> <p>City and Country of Residence</p> <p>Mother</p> <p>Family Name (Maiden Name)</p> <p>First Name</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>City, and Country of Birth (<i>if known</i>)</p> <p>City and Country of Residence</p> <p>Current Husband or Wife (If none, so state)</p>	<p>[Page 1]</p> <p>[no change]</p> <p>Current Husband or Wife (If none, type or print “none”)</p>

<p>Family Name (For wife, give maiden name) First Name Date of Birth (<i>mm/dd/yyyy</i>) City, and Country of Birth Date of Marriage Place of Marriage</p> <p>Former Husbands or Wives (If none, so state)</p> <p>Family Name (For wife, give maiden name) First Name Date of Birth (<i>mm/dd/yyyy</i>) 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 for: [x] Deferred Action Request</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</p>	<p>[no change]</p> <p>Former Husbands or Wives (If none, type or print "none") [no change]</p> <p>Applicant's employment last five years. (If none, type or print "none.") List present employment first.</p> <p>[no change]</p>
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	<p>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>(Alien Registration Number)</p>	
Page 2, Instructions	<p>[Page 2]</p> <p>Instructions</p>	[moved to separate Instructions document]
Page 2, What Is the Purpose of This Form?	<p>[Page 2]</p> <p>What Is the Purpose of This Form?</p> <p>USCIS will use the information you provide on this form to process your application or petition.</p> <p>Complete this biographical information form and include it with the application or petition you are submitted to U.S. Citizenship and Immigration Services (USCIS).</p> <p>If you have any questions on how to complete the form, call our National Customer Service Center at 1-800-375-5283. For TTY (hearing impaired) call: 1-800-767-1833.</p>	[moved to separate Instructions document]
Page 2, DHS Privacy Notice	<p>[Page 2]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this application, and the associated evidence, is collected pursuant to Section 103 of the Immigration and Nationality Act, 8 U.S.C. 1103(a)(1).</p> <p>PURPOSE: The primary purpose for providing the requested information on this application is to collect information to locate an immigration record to determine eligibility for the benefit you are requesting.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.</p> <p>ROUTINE USES: DHS may share the information you provide on this application with other Federal, state, local, and foreign government agencies and other authorized organizations. DHS follows approved routine uses described in the associated published</p>	[moved to separate Instructions document]

	<p>system of records notices [DHS/USCIS/ICE/CBP-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-061 Benefit Request Intake Process], which can be found at www.dhs.gov/privacy. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.</p>	
<p>Page 2, Paperwork Reduction Act</p>	<p>[Page 2]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 2 hours and 9 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions of reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0008. Do not mail your completed Form G-325A to this address.</p>	<p>[moved to separate Instructions document]</p>