**TABLE OF CHANGES – FORM**

**Form G-325A, Biographic Information (for Deferred Action)**

**OMB Number: 1615-0008**

**09/26/2023**

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| **Reason for Revision: 83C**  **Project Phase: OMBReview**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 08/31/2025  Edition Date 08/30/2022 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1, Biographic Information** | **[Page 1]**  Family Name  First Name  Middle Name  Male Female  Date of Birth *(mm/dd/yyyy)*  Citizenship/Nationality  File Number  All Other Names Used (include names by previous marriages)  City and Country of Birth  U.S. Social Security No. *(if any)*  Father  Family Name  First Name  Date of Birth *(mm/dd/yyyy)*  City, and Country of Birth *(if known)*  City and Country of Residence  Mother  Family Name (Maiden Name)  First Name  Date of Birth *(mm/dd/yyyy)*  City, and Country of Birth *(if known)*  City and Country of Residence  Current Husband or Wife (If none, type or print “none”)  Family Name (For wife, give maiden name)  First Name  Date of Birth *(mm/dd/yyyy)*  City, and Country of Birth  Date of Marriage  Place of Marriage  Former Husbands or Wives (If none, type or print “none”)  Family Name (For wife, give maiden name)  First Name  Date of Birth *(mm/dd/yyyy)*  Date and Place of Marriage  Date and Place of Termination of Marriage | [no change] |
| **Page 1, Applicant’s residence** | [Page 1]  **Applicant’s residence last five years. List present address first.**  **[Table 5 entries]**  **Street Name and Number**  **City**  **Province or State**  **Country**  **From Month Year**  **To Month Year [“Present Time” in 1st entry]** | **Applicant’s residence last five years. List present address first.**  **[Table 5 entries]**  **Street Name and Number**  **City**  **Province or State**  **ZIP Code/Postal Code**  **Country**  **From Month Year**  **To Month Year [“Present Time” in 1st entry]** |
| **Page 1, Applicant’s last address** | [Page 1]  **Applicant’s last address outside the United States of more than 1 year.**  **Street Name and Number**  **City**  **Province or State**  **Country**  **From Month Year**  **To Month Year** | **Applicant’s last address outside the United States of more than 1 year.**  **Street Name and Number**  **City**  **Province or State**  **ZIP Code/Postal Code**  **Country**  **From Month Year**  **To Month Year** |
| **Page 1, Applicant’s employment** | [Page 1]  **Applicant’s employment last five years. (If none, type or print “none.”) List present employment first.**  **[Table 5 entries]**  **Full Name and Address of Employer**  **Occupation (Specify)**  **From Month Year**  **To Month Year [“Present Time” in 1st entry]** | [no change] |
| **Page 1, Last occupation** | [Page 1]  **Last occupation abroad if not shown above. (Include all information requested above.)** | [no change] |
| **Page 1, This form is submitted for** | [Page 1]  This form is submitted for:  [x] Deferred Action Request  **Signature of Applicant**  **Date**  If your native alphabet is in other than Roman letters, write your name in your native alphabet below:  [Fillable field]  **Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.**  **Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.**  **Complete This box (Family Name)**  **(Given Name)**  **(Middle Name)**  **(Alien Registration Number)** | [no change] |
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