**TABLE OF CHANGES – FORM**

**Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient**

**OMB Number: 1615-0104**

**02/18/2024**

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| **Reason for Revision: Biological Sex****Project Phase: 83C**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 12/31/2027Baseline Edition Date 12/12/2024New Edition Date 01/20/2025 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 2-3, Part 3. Information About Your Qualifying Family Member** | **[Page 2]****Part 3. Information About Your Qualifying Family Member**  …**[Page 3]****7.** GenderMale  Female  Another Gender Identity **8.** Date of Birth (mm/dd/yyyy)**…** | **[Page 2]****Part 3. Information About Your Qualifying Family Member**  …**[Page 3]****7.** SexMale  Female  [delete]**8.** Date of Birth (mm/dd/yyyy)**…** |