

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

Reason for Revision: Biological Sex
Project Phase: 83C

Legend for Proposed Text:

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

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

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 2] Part 3. Information About Your Qualifying Family Member ...
	[Page 3] 7. Gender Male Female Another Gender Identity 8. Date of Birth (mm/dd/yyyy) ...	[Page 3] 7. Sex Male Female [delete] 8. Date of Birth (mm/dd/yyyy) ...