**TABLE OF CHANGES – FORM**

**Supplement B to Form I-914, Declaration for Trafficking Victim**

**OMB Number: 1615-0099**

**02/18/2025**

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

Expires 08/31/2026Baseline Edition Date 08/28/2024New Edition Date 01/20/2025 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1,****Part 1. Victim Information** | **[Page 1]****Part 1. Victim Information****1.** Full Legal NameFamily Name(Last Name)Given Name (First Name)Middle Name (if any)**2.** Other Names UsedProvide any other names the victim has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.Family Name (Last Name) [x2]Given Name (First Name)Middle Name (if any)**3.** Date of Birth (mm/dd/yyyy) **4.** GenderMaleFemaleAnother Gender Identity**5.** Alien Registration Number (A-Number) (if any)**6.** U.S. Social Security Number (SSN) (if any) | **Part 1. Victim Information**[no change]**4.** SexMaleFemale[deleted]**5.** Alien Registration Number (A-Number) (if any)[no change] |
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