**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 08/31/2026  Baseline Edition Date 08/28/2024  New 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 Name  Family Name(Last Name)  Given Name (First Name)  Middle Name (if any)  **2.** Other Names Used  Provide 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.** Gender  Male  Female  Another 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.** Sex  Male  Female  [deleted]  **5.** Alien Registration Number (A-Number) (if any)  [no change] |
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