

TABLE OF CHANGES – FORM
Form I-134, Declaration of Financial Support
OMB Number: 1615-0014
02/18/2025

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
Pages 4-5, Part 3. Information about the Beneficiary	<p>[Page 4]</p> <p>Part 3. Information about the Beneficiary</p> <p>Complete Part 3. if you are filing this form on behalf of another individual who is the beneficiary. If you are the beneficiary providing financial support for yourself, you do not need to complete Part 3. Proceed to Part 4.</p> <p>1. Beneficiary’s Current Legal Name (Do not provide a nickname.) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Other Names Used</p> <p>Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 8.</p> <p>Additional Information.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name (if applicable) [x2]</p> <p>3. Date of Birth (mm/dd/yyyy)</p> <p>4. Gender Male Female Another Gender Identity</p>	<p>Part 3. Information about the Beneficiary</p> <p>[no change]</p> <p>4. Sex Male Female [deleted]</p>

	<p>5. Alien Registration Number (A-Number) (if any)</p> <p>6. Place of Birth City or Town State or Province Country</p> <p>...</p>	<p>5. Alien Registration Number (A-Number) (if any)</p> <p>[no change]</p> <p>...</p>