**TABLE OF CHANGES – INSTRUCTIONS**

**Form I-134, Declaration of Financial Support**

**OMB Number: 1615-0014**

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

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 3-5, Specific Instructions** | **[Page 3]**  **Specific Instructions**  **…**  **[Page 5]**  **Part 3. Information about the Beneficiary**  **Item Number 1.** **Beneficiary’s** **Current Legal Name.** Provide the beneficiary’s legal name, as shown on his or her birth certificate or legal name change document. If the beneficiary has two last names, include both and use a hyphen (-) between the names, if appropriate. Type or print the beneficiary’s last, first, and middle names in each appropriate field.  **Item Number 3. Date of Birth.** Enter the beneficiary’s date of birth in mm/dd/yyyy format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.  **Item Number 4.** **Gender.** Provide the beneficiary’s gender.  **…** | **Specific Instructions**  **…**  **Part 3. Information about the Beneficiary**  [no change]  **Item Number 4.** **Sex.** Indicate whether the beneficiary is male or female as provided on his or her birth certificate issued at the time of birth or issued closest to the time of birth or in secondary evidence provided to USCIS, if applicable.  **…** |