

TABLE OF CHANGES – INSTRUCTIONS
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 3-5, Specific Instructions	<p>[Page 3]</p> <p>Specific Instructions</p> <p>...</p> <p>[Page 5]</p> <p>Part 3. Information about the Beneficiary</p> <p>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.</p> <p>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.</p> <p>Item Number 4. Gender. Provide the beneficiary’s gender.</p>	<p>Specific Instructions</p> <p>...</p> <p>Part 3. Information about the Beneficiary</p> <p>[no change]</p> <p>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</p>

	...	USCIS, if applicable. ...
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