TABLE OF CHANGES – FORM
Form G-325A, Biographic Information (for Deferred Action)
OMB Number: 1615-0008
06/02/2026

Reason for Revision: REV
Project Phase: OMBReview

Legend for Proposed Text:
- Black font = Current text
- Red font = Changes

Expires xx/xx/2029 (10/30/2027)
Edition Date xx/xx/2026 (01/20/2025)

Current Page Number and Section	Current Text	Proposed Text
Pages 1-3, Part 1. Information About You	**[Page 1]** **…** **5.** Sex Male Female [new] **6.** USCIS Online Account Number (if any) **7.** Alien Registration Number (A-Number) (if any) **8.** All Other Names Used (include names by previous marriages) **NOTE:** Provide all other names you have ever used, including family name at birth, other legal names, nicknames, aliases, and assumed names. If extra space is needed to complete this section, use the space provided in **Part 8. Additional Information**. **9.** City or Town of Birth **10.** Country of Birth **11.** Country of Citizenship or Nationality **[Page 2]** ***Your Prior Residences*** **12.** Please list your previous addresses for the last five years excluding your current physical address. **[Table 4 entries]** **Street Name and Number** **City**	**[Page 1]** **…** **5.** Sex Male Female **6.** U.S. Social Security Number (SSN) (if any) **7.** USCIS Online Account Number (if any) **8.** Alien Registration Number (A-Number) (if any) **9.** All Other Names Used (include names by previous marriages) **NOTE:** Provide all other names you have ever used, including family name at birth, other legal names, nicknames, aliases, and assumed names. If extra space is needed to complete this section, use the space provided in **Part 6. Additional Information**. **10.** City or Town of Birth **11.** Country of Birth **12.** Country of Citizenship or Nationality **[Page 2]** ***Your Prior Residences*** **13.** Please list your previous addresses for the last five years excluding your current physical address. **[Table 4 entries]** **Street Name and Number** **City**

	Province or State **ZIP/Postal Code** **Country** **From Month Year (mm/yy)** **To Month Year (mm/yy)** ***Your Most Recent Entry into the United States*** Please provide the following information regarding your most recent entry into the United States. **13.a**. Date You Entered the United States, On or About (mm/dd/yyyy) **13.b**. Location at Which You Last Entered the United States **13.**c. Immigration Status at the Time of Entry into the United States (for example, H-2 temporary worker, H-1B temporary worker, no status) **13.d.** Date Status Expires/Expired (mm/dd/yyyy) If you were issued a Form I-94 Arrival-Departure Record Number: **14.a.** Form I-94 Arrival-Departure Record Number **14.b.** Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) ***Information About Your Mother*** **15.** Family Name (Last Name) Given Name (First Name) **16.** Date of Birth (mm/dd/yyyy) **17.** City or Town of Birth (if known) **18.** Country of Birth (if known) **19.** Current City or Town of Residence (if living) **20.** Current Country of Residence (if living) ***Information About Your Father*** **21.** Family Name (Last Name) Given Name (First Name) **22.** Date of Birth (mm/dd/yyyy) **23.** City or Town of Birth (if known) **24.** Country of Birth (if known) **25.** Current City or Town of Residence (if living) **26.** Current Country of Residence (if living) ***Information About Your Current Husband or Wife*** (If none, type or print “none”) **27.** Family Name (Last Name) Given Name (First Name) **28.** Date of Birth (mm/dd/yyyy) **[Page 3]** Place of Birth **29.a.** City or Town	**Province or State** **ZIP/Postal Code** **Country** **From Month Year (mm/yy)** **To Month Year (mm/yy)** ***Your Most Recent Entry into the United States*** Please provide the following information regarding your most recent entry into the United States. **14.a.** Date You Entered the United States, On or About (mm/dd/yyyy) **14.b.** Location at Which You Last Entered the United States **14.c.** Immigration Status at the Time of Entry into the United States (for example, H-2 temporary worker, H-1B temporary worker, no status) **14.d.** Date Status Expires/Expired (mm/dd/yyyy) If you were issued a Form I-94 Arrival-Departure Record Number: **15.a.** Form I-94 Arrival-Departure Record Number **15.b.** Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) ***Information About Your Mother*** **16.** Family Name (Last Name) Given Name (First Name) **17.** Date of Birth (mm/dd/yyyy) **18.** City or Town of Birth (if known) **19.** Country of Birth (if known) **20.** Current City or Town of Residence (if living) **21.** Current Country of Residence (if living) ***Information About Your Father*** **22.** Family Name (Last Name) Given Name (First Name) **23.** Date of Birth (mm/dd/yyyy) **24.** City or Town of Birth (if known) **25.** Country of Birth (if known) **26.** Current City or Town of Residence (if living) **27.** Current Country of Residence (if living) ***Information About Your Current Husband or Wife*** (If none, type or print “none”) **28.** Family Name (Last Name) Given Name (First Name) **29.** Date of Birth (mm/dd/yyyy) **[Page 3]** Place of Birth **30.a.** City or Town

	29.b. Country Place of Marriage **30.a.** City or Town **30.b.** State or Province **30.c.** Country **31.** Date of Marriage (mm/dd/yyyy)	**30.b.** Country Place of Marriage **31.a.** City or Town **31.b.** State or Province **31.c.** Country **32.** Date of Marriage (mm/dd/yyyy)
Page 3, Part 2. Deferred Action Request	**[Page 3]** **…** **2.** Please select the filing type for your deferred action request: **A.** Labor Investigation-Based (LIB-DA) **B.** Special Immigrant Juvenile (SIJ DA) **C.** Spouse, Widow(er), Parent, Son, or Daughter of Active Duty Service Member of U.S. Armed Forces or Individual in the Selected Reserve of the Ready Reserve (MIL DA) **D.** Spouse, Widow(er), Parent, Son, or Daughter of Individual (Whether Living or Deceased) who Previously Served on Active Duty or in the Selected Reserve of the Ready Reserve (and was not Dishonorably Discharged) (MIL DA) **E.** Medical or Humanitarian **F.** Statelessness **G.** Government Referral (Other than a Labor Agency) **H.** Other (Please review the form instructions before completing this field) **3. Supporting Statement** In addition to submitting evidence required to support your request for deferred action, please provide a brief statement as to why your request for deferred action should be considered and why you warrant deferred action as a matter of discretion. If extra space is needed to complete this section, use the space provided in **Part 8. Additional Information**. [fillable space]	**[Page 3]** **…** **2.** Please select the filing type for your deferred action request: [deleted] [deleted] **A.** Spouse, Widow(er), Parent, Son, or Daughter of Active Duty Service Member of U.S. Armed Forces or Individual in the Selected Reserve of the Ready Reserve (MIL DA) **B.** Spouse, Widow(er), Parent, Son, or Daughter of Individual (Whether Living or Deceased) who Previously Served on Active Duty or in the Selected Reserve of the Ready Reserve (and was not Dishonorably Discharged) (MIL DA) **C.** Medical or Humanitarian [deleted] **D.** Government Referral **E.** Other (Please review the form instructions before completing this field) **3. Supporting Statement** In addition to submitting evidence required to support your request for deferred action, please provide a brief statement as to why your request for deferred action should be considered and why you warrant deferred action as a matter of discretion. If extra space is needed to complete this section, use the space provided in **Part 6. Additional Information**. [fillable space]
Pages 3-4, Part 3. Employment Authorization	**[Page 3]** **Part 3. Employment Authorization** **1.** I am requesting an Employment Authorization Document (EAD) upon being granted deferred action: Yes No **[Page 4]** If “Yes,” please provide the following	[deleted]

	information regarding your economic necessity for employment (this information is not required if you are requesting the SIJ DA filing type): **2.a.** My current annual income is: **2.b.** My current annual expenses are: **2.c.** The total current value of my assets is: **2.d.** If you would like to provide an explanation regarding your current financial information or your economic need for employment authorization, please use this space below. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**. [fillable space]	
Page 4, Part 4. Social Security Card	**[Page 4]** **Part 4. Social Security Card** If you select "Yes" on **Part 3. Employment Authorization**, **Item Number 1.**, please complete the following questions to receive a Social Security card through this process. If the below questions and questions in **Part 1.** are not completed, you will not receive a Social Security card through this process. **1.** Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card? Yes (Complete **Item Numbers 2. – 3.**) No (Go to **Part 5.**) **2.** Provide your Social Security Number (SSN) (if any). **3. Consent for Disclosure**: I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN and issuing me an original or replacement Social Security card. Yes No **NOTE:** If you answered "Yes" to **Item Number 1.**, you must also answer "Yes" to **Item Number 3.**, Consent for Disclosure, to receive a card.	[deleted]
Page 4, Part 5. Requestor's Contact Information, Certification, and Signature	**[Page 4]** **Part 5. Requestor's Contact Information, Certification, and Signature** **…** I certify, under penalty of perjury, that I	**[Page 4]** **Part 3. Requestor's Contact Information, Certification, and Signature** **…** I certify, under penalty of perjury, that I

	provided or authorized all of the responses and information contained in and submitted with my request, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my request, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. **…**	provided or authorized all of the responses and information contained in and submitted with my request, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my request, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. **…**
Page 5, Part 6. Interpreter's Contact Information, Certification, and Signature	**[Page 5]** **Part 6. Interpreter's Contact Information, Certification, and Signature** **…**	**[Page 4]** **Part 4. Interpreter's Contact Information, Certification, and Signature** **…**
Page 5, Part 7. Contact Information, Certification, and Signature of the Person Preparing this Request, if Other Than the Requestor	**[Page 5]** **Part 7. Contact Information, Certification, and Signature of the Person Preparing this Request, if Other Than the Requestor** **…**	**[Page 5]** **Part 5. Contact Information, Certification, and Signature of the Person Preparing this Request, if Other Than the Requestor** **…**
Page 6, Part 8. Additional Information	**[Page 6]** **Part 8. Additional Information** **…**	**[Page 6]** **Part 6. Additional Information** **…**