

**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
<b>Pages 4-5, Part 3.</b> <b>Information about the Beneficiary</b>	<p>[Page 4]</p> <p><b>Part 3. Information about the Beneficiary</b></p> <p>Complete <b>Part 3.</b> 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 <b>Part 3.</b> Proceed to <b>Part 4.</b></p> <p><b>1. Beneficiary’s Current Legal Name (Do not provide a nickname.)</b>            Family Name (Last Name)            Given Name (First Name)            Middle Name (if applicable)</p> <p><b>2. Other Names Used</b></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 <b>Part 8.</b></p> <p><b>Additional Information.</b></p> <p>Family Name (Last Name) [x2]            Given Name (First Name) [x2]            Middle Name (if applicable) [x2]</p> <p><b>3. Date of Birth (mm/dd/yyyy)</b></p> <p><b>4. Gender</b>            Male            Female            Another Gender Identity</p>	<p><b>Part 3. Information about the Beneficiary</b></p> <p>[no change]</p> <p><b>4. Sex</b>            Male            Female            [deleted]</p>

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