

**TABLE OF CHANGES – FORM**  
**Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient**  
**OMB Number: 1615-0104**  
**02/18/2024**

**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>Page 2-3, Part 3. Information About Your Qualifying Family Member</b>	[Page 2]  <b>Part 3. Information About Your Qualifying Family Member</b>  ...  [Page 3]  7. Gender Male Female Another Gender Identity	[Page 2]  <b>Part 3. Information About Your Qualifying Family Member</b>  ...  [Page 3]  7. <b>Sex</b> Male <b>Female</b> <b>[delete]</b>
	8. Date of Birth (mm/dd/yyyy) ...	<b>8.</b> Date of Birth (mm/dd/yyyy) ...