TABLE OF CHANGES – FORM Supplement B to Form I-914, Declaration for Trafficking Victim OMB Number: 1615-0099 02/18/2025

Reason for Revision: Biological Sex Project Phase: 83C

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 08/31/2026 Baseline Edition Date 08/28/2024 New Edition Date 01/20/2025

Current Page Number and Section	Current Text	Proposed Text
Page 1,	[Page 1]	
Part 1. Victim	Part 1. Victim Information	Part 1. Victim Information
Information	 Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any) Other Names Used Provide any other names the victim has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 7. Additional Information. Family Name (Last Name) [x2] Given Name (First Name) Middle Name (if any) Date of Birth (mm/dd/yyyy) 	[no change]
	 4. Gender Male Female Another Gender Identity 5. Alien Registration Number (A-Number) (if any) 	 4. Sex Male Female [deleted] 5. Alien Registration Number (A-Number) (if any)
	6. U.S. Social Security Number (SSN) (if any)	[no change]