TABLE OF CHANGES – FORM Form G-325A, Biographic Information (for Deferred Action) OMB Number: 1615-0008 05/15/2025

Reason for Revision: REV Project Phase: 60-Day

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	Current Text	Proposed Text
and Section		•
Pages 1-3, Part 1.	[Page 1]	[Page 1]
Information About You		
	•••	•••
	5. Sex	5. Sex
	Male	Male
	Female	Female
	[new]	6. U.S. Social Security Number (SSN) (if any)
	6. USCIS Online Account Number (if any) 7. Alien Registration Number (A-Number) (if any)	7. USCIS Online Account Number (if any) 8. Alien Registration Number (A-Number) (if any)
	8. All Other Names Used (include names by previous marriages)	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 8. Additional Information.	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.
	9. City or Town of Birth	10. City or Town of Birth
	10. Country of Birth	11. Country of Birth
	11. Country of Citizenship or Nationality	12. Country of Citizenship or Nationality
	[Page 2]	[Page 2]
	Your Prior Residences	Your Prior Residences
	12. Please list your previous addresses for the	13. Please list your previous addresses for the
	last five years excluding your current	last five years excluding your current
	physical address.	physical address.
	[Table 4 entries] Street Name and Number	[Table 4 entries] Street Name and Number
	City	City
	City	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

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

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	30.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)	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	[Page 3]	[Page 3]
Action Request	2. Please select the filing type for your deferred	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	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
	 F. Statelessness G. Government Referral (Other than a Labor Agency) H. Other (Please review the form instructions before completing this field) 3. Supporting Statement 	 [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 8 . Additional Information . [fillable space]	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	[deleted]
	[Page 4]	

	If "Yes," please provide the following 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	[deleted]
	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.	
Page 4, Part 5. Requestor's Contact Information, Certification, and	[Page 4] Part 5. Requestor's Contact Information, Certification, and Signature	[Page 4] Part 3. Requestor's Contact Information, Certification, and Signature
Signature		

Page 5, Part 6.	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. [Page 5]	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 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 4]
Interpreter's Contact Information,	Part 6. Interpreter's Contact Information,	Part 4. Interpreter's Contact Information,
Certification, and	Certification, and Signature	Certification, and Signature
Signature		
Page 5, Part 7. Contact	[Page 5]	[Page 5]
Information, Certification, and	Part 7. Contact Information, Certification,	Part 5. Contact Information, Certification,
Signature of the Person	and Signature of the Person Preparing this Request, if Other Than the Requestor	and Signature of the Person Preparing this Request, if Other Than the Requestor
Preparing this Request, if Other Than the		
Requestor	···	
Page 6, Part 8.	[Page 6]	[Page 6]
Additional Information	Part 8. Additional Information	Part 6. Additional Information