U. S. Citizenship and Immigration Services

I-131, Application for Travel Document

DO NOT WRITE IN THIS BI	LOCK	FOR USCIS USE ONLY (except G-28 block below)
Document Issued Re-entry Permit	Action Block	Receipt
Refugee Travel Document		
Single Advance Parole		
Multiple Advance Parole		
Valid to:	_	
If Re-entry Permit or Refugee Travel Document, mail to:		Document Hand Delivered
\square Address in Part 1		On By
\Box U.S. Embassy/consulate		To be completed by Attorney/Representative, if any.
at:		Attorney State License #
Overseas DHS office at:		Check box if G-28 is attached.
Part 1. Information About	You (Type or print in black ink)	•
1. A Number	2. Date of Birth (<i>mm/dd/yyyy</i>)	3. Class of Admission 4. Gender
		Male Female
5. Name (<i>Family name in capital letters</i>) (First)	(Middle)
6. Address (<i>Number and Street</i>)		Apt. Number
6. Address (<i>Number and street</i>)		
City	State or Province	Zip/Postal Code Country
7. Country of Birth	8. Country of Citizenship	9. Social Security # (<i>if any</i>)
Part 2. Application Type (C	Sheck one)	
		States and I am amplying for a re-antry parmit
a. I am a permanent resident or	conditional resident of the United	States, and I am applying for a re-entry permit.
b. I now hold U.S. refugee or a	sylee status, and I am applying for	a refugee travel document.
c. I am a permanent resident as	a direct result of refugee or asyle	e status, and I am applying for a refugee travel document.
d. I am applying for an advanc	e parole document to allow me to	return to the United States after temporary foreign travel.
e. I am outside the United State	es, and I am applying for an advan	ce parole document.
f. I am applying for an advance <i>the following information ab</i>		o is outside the United States. If you checked box "f," provide
1. Name (Family name in capital lett	ers) (First)	(Middle)
2. Date of Birth (<i>mm/dd/yyyy</i>)	3. Country of Birt	h 4. Country of Citizenship
5. Address (<i>Number and Street</i>)		Apt. # Daytime Telephone # (area/country code)
City	State or Province	Zip/Postal Code Country

Part 3. Processing Information

1. Date of Intended Departure (<i>mm/dd/yyyy</i>)	2. Expected Length of Trip				
3 . Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings?	Yes No (Name of DHS office):				
If you are applying for an Advance Parole Document, skip to Part 7.					
 4. Have you ever before been issued a re-entry permit or refugee travel? No Yes (If "Yes," give the following information for the last document issued to you): 					
Date Issued (mm/dd/yyyy): Disposition	on (attached, lost, etc.):				
5. Where do you want this travel document sent? (<i>Check one</i>)a. To the U.S. address shown in Part 1 on the first page of this	s form				
b . To a U.S. Embassy or consulate at: City:	Country:				
·					
c . To a DHS office overseas at: City:	Country:				
 d. If you checked "b" or "c," where should the notice to pick up the travel document be sent? To the address shown in Part 2 on the first page of this form. 					
To the address shown in Far 2 on the first page of this form					
Address (Number and Street)	Apt. #Daytime Telephone # (area/country code)				
City State or Province	Zip/Postal Code Country				
Part 4. Information About Your Proposed Travel					
Purpose of trip. (If you need more room, continue on a separate sheet of	of paper.) List the countries you intend to visit.				
Part 5. Complete Only If Applying for a Re-entry P	ermit				
Since becoming a permanent resident of the United States (or durin past five years, whichever is less) how much total time have you sp outside the United States?					
Since you became a permanent resident of the United States, have					
return as a nonresident or failed to file a federal income tax return nonresident? (<i>If "Yes," give details on a separate sheet of paper.</i>)	because you considered yourself to be a				
Part 6. Complete Only If Applying for a Refugee Travel Document					
1. Country from which you are a refugee or asylee:					
If you answer "Yes" to any of the following questions, you must	explain on a separate sheet of paper.				
2. Do you plan to travel to the country named above?	Yes No				
3. Since you were accorded refugee/asylee status, have you ever: a. Returned to the country named above? Yes b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country? Yes c. Applied for and/or received any benefit from such country (for example, health insurance benefits). Yes					
 4. Since you were accorded refugee/asylee status, have you, by an a. Reacquired the nationality of the country named above? b. Acquired a new nationality? c. Been granted refugee or asylee status in any other country? 	y legal procedure or voluntary act:				

Part 7. Complete Only If Applying for Advance Parole

On a concrete sheet of noner explain how you qualify for an educe	as noted document and what sincumateness warment issuence of
On a separate sheet of paper, explain how you qualify for an advan advance parole. Include copies of any documents you wish consid	-
1. How many trips do you intend to use this document?	One Trip More than one trip
2. If the person intended to receive an advance parole document is of the U.S. Embassy or consulate or the DHS overseas office th	
City Cou	ntry
3. If the travel document will be delivered to an overseas office, where the travel document will be delivered to an overseas office.	here should the notice to pick up the document be sent?:
To the address shown in Part 2 on the first page of this for	m.
To the address shown below:	
Address (Number and Street)	Apt. # Daytime Telephone # (area/country code)
City State or Province	Zip/Postal Code Country
Read the information on penalties in the	instructions before completing this section. If you are filing
Parta Nonature · · ·	ocument, you must be in the United States to file this application.
I certify, under penalty of perjury under the laws of the United Stat it are all true and correct. I authorize the release of any information needs to determine eligibility for the benefit I am seeking.	tes of America, that this application and the evidence submitted with a from my records that U.S. Citizenship and Immigration Services
Signature Date (mm/c	dd/yyyy)Daytime Telephone Number (with area code)
Note: If you do not completely fill out this form or fail to submit found eligible for the requested document and this application m	
Part 9. Signature of Person Preparing Form, If Oth	er Than the Applicant (Sign below)
I declare that I prepared this application at the request of the applic	ant, and it is based on all information of which I have knowledge.
Signature	Print or Type Your Name
Firm Name and Address	Daytime Telephone Number (with area code)
Fax Number (<i>if any</i>)	Date (<i>mm/dd/yyyy</i>)