I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOC	K FO	OR USCIS USE ONLY (except G-28 block below)
Document Issued Reentry Permit	ction Block	Receipt
Refugee Travel Document		
Single Advance Parole		
Multiple Advance Parole		
Valid to: If Reentry Permit or Refugee Travel		Document Hand Delivered
Document, mail to:		-
Address in Part 1		On By
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. D	ate of Birth $(mm/dd/yyyy)$ 3. C	Class of Admission 4. Gender
		Male Female
5. Name (Family name in capital letters)	(First)	(Middle)
6. Address (Number and Street)		Apt. Number
City	State or Province	Zip/Postal Code Country
7. Country of Birth	8. Country of Citizenship	9. Social Security # (if any)
	J 1	
Part 2. Application Type (Check	one)	
a. I am a permanent resident or cond	ditional resident of the United States,	and I am applying for a reentry permit.
b. I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.		
c. I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.		
d. I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel.		
e. I am outside the United States, and I am applying for an Advance Parole Document.		
f. I am applying for an Advance Parole Document for a person who is outside the United States. <i>If you checked box "f," provide the following information about that person:</i>		
1. Name (Family name in capital letters)	(First)	(Middle)
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	4. Country of Citizenship
5. Address (Number and Street)	Apt.	# Daytime Telephone # (area/country code)
City	State or Province	Zip/Postal Code Country

Part 3. Processing Information				
1. Date of Intended Departure (mm/dd/yyyy) 2. Expected Leng	gth of Trip			
3. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings?	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 reentry permit or Refugee Travel Document?				
No Yes (If "Yes," give the following information for the last document issued to you):				
Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.):				
5. Where do you want this travel document sent? (Check one) a. To the U.S. address shown in Part 1 on the first page of this form.				
b. To a U.S. Embassy or consulate at: City:	Country:			
c. To a DHS office overseas at:	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 below:				
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 paper.) List	the countries you intend to visit.			
Part 5. Complete Only If Applying for a Reentry Permit				
Since becoming a permanent resident of the United States (or during the	ess than six months two to three years			
- 11 1 17 17 18 18 18	ix months to one year three to four years			
	ne to two years more than four years			
Since you became a permanent resident of the United States, have you ever filed a Fed return as a nonresident or failed to file a Federal income tax return because you consider				
nonresident? (If "Yes," give details on a separate sheet of paper.)	Yes No			
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?	it of that country? Yes No			
 b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country? c. Applied for and/or received any benefit from such country (for example, health insurance benefits). 				
	<u> </u>			
4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:a. Reacquired the nationality of the country named above?YesNo				
b . Acquired a new nationality?	Yes No			
c. Been granted refugee or asylee status in any other country?	Yes No			

Part 7. Complete Only If Applying for Advance Parole			
On a separate sheet of paper, explain how you qualify for an advance parole. Include copies of any documents you wish c	Advance Parole Document, and what circumstances warrant issuance of considered. (See instructions.)		
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 Docu of the U.S. Embassy or consulate or the DHS overseas off	ment is outside the United States, provide the location (city and country) fice that you want us to notify.		
City	Country		
<u></u>	ce, where should the notice to pick up the document be sent?:		
To the address shown in Part 2 on the first page of th To the address shown below:	ils form.		
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Address (Number and Street)	Apt. # Daytime Telephone # (area/country code)		
City State or Province	zip/Postal Code Country		
Pari A Sionainre ° -	in the instructions before completing this section. If you are filing avel Document, you must be in the United States to file this application.		
it are all true and correct. I authorize the release of any information needs to determine eligibility for the benefit I am seeking.	ed States of America, that this application and the evidence submitted with mation from my records that U.S. Citizenship and Immigration Services		
Signature Date	(mm/dd/yyyy) Daytime Telephone Number (with area code)		
Note: If you do not completely fill out this form or fail to s found eligible for the requested document and this application.	ubmit required documents listed in the instructions, you may not be ion may be denied.		
Part 9. Signature of Person Preparing Form, If	Other Than the Applicant (Sign below)		
I declare that I prepared this application at the request of the	applicant, 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 (if any)	Date (mm/dd/yyyy)		