U. S. Citizenship and Immigration Services

I-131, Application for Travel Document

	DO NOT WRITE IN THIS BLO	FOR USCIS USE ONLY (except G-28 block below)				
Do	cument Issued Re-entry Permit	Action Block	Re	ceipt		
	Refugee Travel Document					
	Single Advance Parole					
	Multiple Advance Parole Valid to:					
If Re-entry Permit or Refugee				Document Har	nd Delivered	
Tr	avel Document, mail to:			On	Ву	
	Address in Part 1 U.S. Embassy/consulate			he completed hu	Attorney/Representative, if any.	
	at:			torney State Lic		
	Overseas DHS office at:				G-28 is attached.	
Pa	rt 1. Information About Yo	u (Type or print in black ink)				
1.			ass of A	dmission	4. Gender	
					Male Female	
5. ^L	Name (Family name in capital letters)	(First)		(Middle)		
Γ						
6.	Address (Number and Street)			Apt. Nu	mber	
L	City	State or Province	Zip	Postal Code	Country	
Γ	5					
7.	Country of Birth	8. Country of Citizenship	9. 5	Social Security	[] # (if any)	
Γ				<u>y</u>		
Pa	rt 2. Application Type (Chec	k one)				
a	I am a permanent resident or co	nditional resident of the United States, a	nd I am	applying for a	re-entry permit.	
b	 I now hold U.S. refugee or asyle 	e status, and I am applying for a refuge	e travel	document.		
c.	I am a permanent resident as a c	irect result of refugee or asylee status, a	ind I am	applying for a	refugee travel document.	
d	d. I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel.					
e.	e. I am outside the United States, and I am applying for an advance parole document.					
f.	I am applying for an advance pa the following information about	role document for a person who is outsi that person:	de the U	Jnited States. 1	f you checked box "f," provide	
1.	Name (Family name in capital letters)	(First)		(Middle)		
2.	Date of Birth (mm/dd/yyyy)	3. Country of Birth		4. Count	try of Citizenship	
5.	Address (Number and Street)	Apt. :	#	Daytime Tel	ephone # (area/country code)	
	City	State or Province	Zip/I	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? (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: 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 below:	And II Destines Talankans II ()					
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 Re-entry P	ermit					
Since becoming a permanent resident of the United States (or durin	ing the less than six months two to three years					
past five years, whichever is less) how much total time have you sp outside the United States?						
	one to two years more than four years					
Since you became a permanent resident of the United States, have you ever filed a federal income tax return as a nonresident or failed to file a federal income tax return because you considered yourself to be a						
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? b. Applied for and/or obtained a national passport, passport rend c. Applied for and/or received any benefit from such country (for 						
 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: Yes No Yes No Yes No					

Part 7. Complete Only If Applying for Advance Parole

1 1 11 5	
On a separate sheet of paper, explain how you qualify for an advance parole. Include copies of any documents you wish o	advance parole document, and what circumstances warrant issuance of considered. <i>(See instructions.)</i>
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 docum of the U.S. Embassy or consulate or the DHS overseas of	nent is outside the United States, provide the location (city and country) fice that you want us to notify.
City	Country
3. If the travel document will be delivered to an overseas off	ice, where should the notice to pick up the document be sent?:
To the address shown in Part 2 on the first page of the	his form.
To the address shown below:	
Address (Number and Street)	Apt. # Daytime Telephone # (area/country code)
City State or Province	e Zip/Postal Code Country
Pari A Nionalitre · · · ·	in the instructions before completing this section. If you are filing avel document, you must be in the United States to file this application.
	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	e (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 applicat	submit required documents listed in the instructions, you may not be tion may be denied.
Part 9. Signature of Person Preparing Form, If	f 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 (<i>if any</i>)	Date (mm/dd/yyyy)