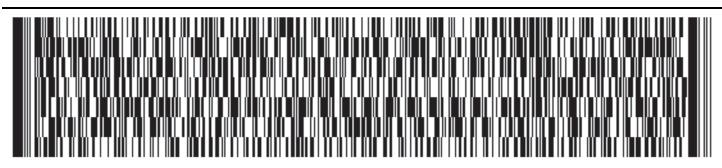
Application for Travel Document



Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-131 OMB No. 1615-0013 Expires 03/31/2016

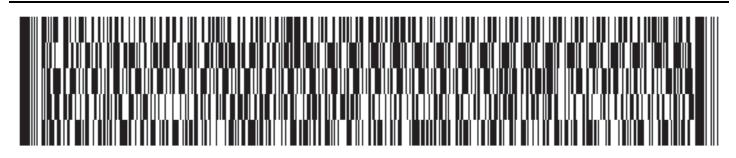
		Receipt			Action Block	
Fo USC Us On	CIS e	Keceipt			Action Block	To Be Completed by an <i>Attorney/</i> <i>Representative</i> , if any.
	ocument Han	d Delivered	-			Fill in box if G-28 is
B	y:	Date: /				attached to represent the applicant.
]	Document Issued				
□ Re-entry Permit (Update □ Refugee Travel Document "Mail To" Section) (Update "Mail To" Section)			Mail To (Re-entry &		lress in <i>Part 1</i> Consulate at:	Attorney State License Number:
	ingle Advance P	arole Diagnatic Multiple Advance Parole	Refugee Only)		DHS Ofc at:	
► St	art Here. T	ype or Print in Black Ink				
Par	t 1. Inform	ation About You			-0	
1.a.	Family Name (Last Name)	AGRAWAL		Oth	er Information	
1.b.	Given Name (First Name)	Manisha		3.	Alien Registration Number (A	-Number)
1.c.	Middle Name	Devi			► A- 1	2 3 4 5 6 7 8
Physical Address				4.	Country of Birth	
2.a.	In Care of Na	me		5.	Country of Citizenship	
	Manisha A	Agrawal			India	
2.b.	Street Number and Name	r 123 Park Avenue		6.	Class of Admission	
2.c.	Apt. 🔀 Ste	e. 🗌 Flr. 🗌 45			Permanent Resident	
2.d.	City or Town	Edison		7.	Gender Male K Fema	le
2.e.	State NJ	2.f. Zip Code 08837		8.	Date of Birth (mm/dd/yyyy	<i>y</i>) ► 11/20/1975
2.g.	Postal Code			9.	U.S. Social Security Number (
2.h.	Province				▶ 9	9 8 7 6 5 4 3 2
2.i.	Country USA					



Part 2. Application Type

1 . a.	I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.	2.e.	Country of Birth		
1.b.	I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.	2.f.	Country of Citizenship		
1.c.	I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.		Daytime Phone Number (
1.d.	I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.		Physical Address (If you checked box 1.f.)		
			In Care of Name		
1.e.	I am outside the United States, and I am applying for an Advance Parole Document.	2.i.	Street Number		
1.f.	I am applying for an Advance Parole Document for a	2.1.	and Name		
	person who is outside the United States.	2.j.	Apt. Ste. Flr.		
If yo	a checked box "1.f." provide the following information	2.k.	City or Town		
abou	that person in 2.a. through 2.p.	2.l.	State 2.m. Zip Code		
2.a.	Family Name (Last Name)				
2.b.	Given Name	2.n.	Postal Code		
2.c.	(First Name) Middle Name	2.0.	Province		
2.c.			Country		
2.d.	Date of Birth (mm/dd/yyyy) ►	2			
Par	t 3. Processing Information				
1.	Date of Intended Departure (mm/dd/yyyy) ► 01/02/2006	4.a.	Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):		
2.	Expected Length of Trip <i>(in days)</i> 61		Yes No		
3.a.	Are you, or any person included in this application, now	4.b.	Date Issued $(mm/dd/yyyy) \triangleright 03/01/2004$		
	in exclusion, deportation, removal, or rescission		Disposition (attached, lost, etc.):		
	proceedings? \Box Yes \boxtimes No		Expired		
3.b.	If "Yes", Name of DHS office:				

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.



Part 3. Processing Information (continued)			
Where do you want this travel document sent? (Check one)	10.a. In Care of Name		
5. \boxtimes To the U.S. address shown in Part 1 (2.a through			
 2.i.) of this form. To a U.S. Embassy or consulate at: 	10.b. Street Number and Name		
6. To a U.S. Embassy or consulate at:	10.c. Apt. Ste. Flr.		
6.a. City or Town	10.d. City or Town		
6.b. Country			
7. To a DHS office overseas at:	10.e. State 10.f. Zip Code		
7.a. City or Town	10.g. Postal Code		
7.b. Country	10.h. Province		
If you checked "6" or "7", where should the notice to pick up	10.i. Country		
 the travel document be sent? 8. To the address shown in Part 2 (2.h. through 2.p.) 	10.j. Daytime Phone Number (
of this form.			
9. To the address shown in Part 3 (10.a. through 10.i.) of this form.:	\mathbf{C}		
of this form.:			
Part 4. Information About Your Proposed Travel			
1.a. Purpose of trip. (<i>If you need more space, continue on a separate sheet of paper.</i>)	1.b. List the countries you intend to visit. (<i>If you need more space, continue on a separate sheet of paper.</i>)		
Family obligations	India		
Part 5. Complete Only If Applying for a Re-entry Pe	rmit		
Since becoming a permanent resident of the United States (or	 Since you became a permanent resident of the United 		
during the past 5 years, whichever is less) how much total time	States, have you ever filed a Federal income tax return as		
 have you spent outside the United States? 1.a. less than 6 months 1.d. 2 to 3 years 	a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If		
1.b. $\boxed{\times}$ 6 months to 1 year 1.e. $$ 3 to 4 years	"Yes" give details on a separate sheet of paper.)		
1.c. 1 to 2 years 1.f. more than 4 years	\Box Yes \boxtimes 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. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country \Box Yes \Box No named above?

Since you were accorded refugee/asylee status, have you ever:

- **3.a.** Returned to the country named \Box Yes \Box No above?
- **3.b.** Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?
 - Yes No

3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?

Yes		No
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Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

- **4.a.** Reacquired the nationality of the country named above?
- **4.b.** Acquired a new nationality?

in any other country?

4.c.

Been granted refugee or asylee status

Yes	

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 Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. *(See instructions.)*

- 1. How many trips do you intend to use this document?
 - One Trip More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

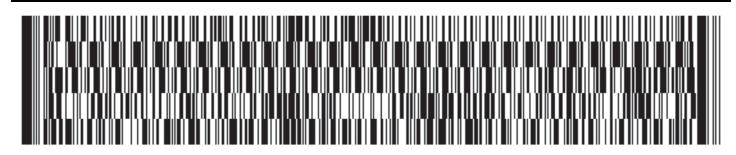
2.a.	City or Town			

2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

- **3.** To the address shown in **Part 2 (2.h. through 2.p.)** of this form.
- 4. To the address shown in **Part 7 (4.a. through 4.i.)** of this form.

4.a.	In Care of Name		
	\mathcal{O}		
4.b.	Street Number and Name		
4.c.	Apt. Ste. Flr.		
4.d.	City or Town		
4.e.	State 4.f. Zip Code		
4.g.	Postal Code		
4.h.	Province		
4.i.	Country		
4.j.	Daytime Phone Number (



Par		ion on penalties in the Form instructions before completing it or Refugee Travel Document, you must be in the United States		
 I.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. Signature of Applicant 		 1.b. Date of Signature (mm/dd/yyyy) ► 2. Daytime Phone Number (7 3 2) 4 8 1 - 3 0 5 3 NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied. 		
Pai	rt 9. Information About Person Who Prepare	ed This Application, If Other Than the Applicant		
subn as At	TE: If you are an attorney or representative, you must nit a completed Form G-28, Notice of Entry of Appearanc ttorney or Accredited Representative, along with this ication.	Preparer's Contact Information 4. Preparer's Daytime Phone Number Extension		
Pre	parer's Full Name			
Prov	ide the following information concerning the preparer:	5. Preparer's E-mail Address <i>(if any)</i>		
1.a.	Preparer's Family Name (Last Name)	Declaration		
	Preparer's Given Name (First Name)	To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the		
2.	Preparer's Business or Organization Name	information of which I have knowledge, and that the information is true to the best of my knowledge.		
Pre	eparer's Mailing Address	6.a. Signature of Preparer		
3.a.	Street Number and Name	6.b. Date of Signature (<i>mm/dd/yyyy</i>) ►		
3.b.	Apt. Ste. Flr.			
3.c.		NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.		
3.d.	State 3.e. Zip Code			
3.f.	Postal Code			
3.g.	Province			
3.h.	Country			

