I-131, Application for Travel Document

DO NOT WRITE IN THIS BLO	OCK FOR	USCIS USE ONLY (except G-28 block below)				
Document Issued	Action Block	Receipt				
Reentry Permit 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				
Address in Part 1 American 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 yo	u. (Please type or print in black ink.)	<u> </u>				
1. A# 2	Date of Birth (mm/dd/yyyy) 3. Class	ss of Admission 4. Gender				
		Male Female				
5. Name (<i>Family name in capital letters</i>)	(First)	(Middle)				
Traine (1 anni) name in capital tellers)		(Mane)				
(Address (Number and Starte)						
6. Address (Number and Street)		Apt. #				
City	State or Province	Zip/Postal Code Country				
7. Country of Birth	8. Country of Citizenship	9. Social Security # (if any.)				
Part 2. Application type (chec	k one).					
	onditional resident of the United States and	Lam applying for a recentry permit				
a I am a permanent resident of co	onditional resident of the Office States and	i I am applying for a reentry permit.				
b. I now hold U.S. refugee or asy	lee status and I am applying for a refugee t	ravel document.				
c. I am a permanent resident as a	direct result of refugee or asylee status and	d I am applying for a refugee travel document.				
d. I am applying for an advance p	parole document to allow me to return to th	e United States after temporary foreign travel.				
e. I am outside the United States	and I am applying for an advance parole do	ocument.				
f. I am applying for an advance pathe following information about		e the United States. If you checked box "f", provide				
1. Name (Family name in capital letters	s) (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.						
. Date of Intended Departure (mm/dd/yyyy) 2. Expected Length of Trip						
3. Are you, or any person included in this application, now in exclusion, deportation, removal or recission proceedings?						
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? for the last document issued to you): Yes (Give the following information of the last document issued to you):	n					
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 an American 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:						
Address (Number and Street) Apt. # Daytime Telephone # (area/country code)						
City State or Province Zip/Postal Code Country						
State of Flovince Zip/Fostal Code Country						
Part 4. Information about your proposed travel.						
Purpose of trip. If you need more room, continue on a seperate sheet(s) 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 less than six months two to three years	s					
	three to four years more than four years					
outside the United States?	ais					
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(s) of paper.)	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(s) of paper.						
2. Do you plan to travel to the above named country?	No					
3. Since you were accorded refugee/asylee status, have you ever: a. returned to the above named country? Yes	No					
b. applied for and/or obtained a national passport, passport renewal or entry permit of that country? Yes No						
c. applied for and/or received any benefit from such country (for example, health insurance benefits).	No					
4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act: a reacquired the nationality of the above named country? Yes	No					
a. reacquired the nationality of the above named country? b. acquired a new nationality? Yes Yes Yes	No					
c. been granted refugee or asylee status in any other country?	No					

Part 7. Complete only if applying for advan	ce parol	е.				
On a separate sheet(s) of paper, please explain how you issuance of advance parole. Include copies of any docur	1 2	1			at circumstances warrant	
1. For how many trips do you intend to use this docume	ent?	One trip More than one trip				
2. If the person intended to receive an advance parole do of the American embassy or consulate or the DHS or					e location (city and country)	
City	Cour	ntry				
3. If the travel document will be delivered to an overseasTo the address shown in Part 2 on the first pageTo the address shown below:			e notice t	o pick up the d	ocument be sent:	
Address (Number and Street)		Apt.	#	Daytime Tel	ephone # (area/country code)	
City State or Pro	vince		Zip/I	Postal Code	Country	
Part 8. Signature. Read the information on penals for a reentry permit or refuged. I certify, under penalty of perjury under the laws of the lit are all true and correct. I authorize the release of any services needs to determine eligibility for the benefit I a	e travel doo United Stat information	es of America	nust be in	n the United St s application ar	tates to file this application. and the evidence submitted with	
_ ,	Date (mm/a	ld/yyyy)]	Daytime Telephone Number (with area code)		
] [
Please Note: If you do not completely fill out this form be found eligible for the requested document and this d	•	-		nents listed in i	the instructions, you may not	
Part 9. Signature of person preparing form	, if other	than the a	pplican	t. (Sign below	.)	
I declare that I prepared this application at the request of	f the applic	ant and it is ba	ased on a	ll 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)				