U. S. Citizenship and Immigration Services

DO NOT WRITE IN THIS BLO	СК	FOR U	USCIS USE ONLY (except G-28 block belo	w)	
Document Issued	Action 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:			On By		
Address in Part 1			To be completed by Attorney/Representative, if		
American embassy/consulate at:			Attorney State License #	uny.	
Overseas DHS office at:			Check box if G-28 is attached.		
Part 1. Information about you	I. (Please type or print in black	k ink.)			
1. A # 2.	Date of Birth (mm/dd/yyyy)	3. Class	of Admission 4. Gender		
			Male Female		
5. Name (Family name in capital letters)	(First)		(Middle)		
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 (check	cone).				
a. I am a permanent resident or co	nditional resident of the United Sta	ates and I	am applying for a reentry permit		
	inditional resident of the Office Sta	ites and i	and apprying for a reentry permit.		
b. I now hold U.S. refugee or asyl	ee status and I am applying for a re	fugee trav	vel document.		
c. I am a permanent resident as a	direct result of refugee or asylee sta	tus 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 a	and I am applying for an advance pa	arole doci	ument.		
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) <i>(First)</i>		(Middle)		
2. Date of Birth (<i>mm/dd/yyyy</i>)	3. Country of Birth		4. Country of Citizenship		
5. Address (Number and Street)		Apt. #	Daytime Telephone # (area/country code)		
City	State or Province	Z	Zip/Postal Code Country		
-					
INITIAL RECEIPT RESUBMITTED	RELOCATED: Rec'd Sent	CO	OMPLETED: Appv'd Denied Ret'd.		

Part 3. Processing information.

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? Yes	1. Date of Intended Departure (mm/dd/yyyy) 2. Expected Length of Trip						
exclusion, deporation, removal or recision proceedings? No Yes (Name of D1S 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? for the last document issued to you): Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.): S. 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 city State or Province Jip/Postal 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 bocoming a permanent resident of the United States (or during the lass than six months six months one year hard four years one to two							
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c. applied for and/or received any benefit from such country (for example, health insurance benefits).							
4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:	c. applied for and/or received any benefit from such country (for example, health insurance benefits).						
a. reacquired the nationality of the above named country? Yes No b. acquired a new nationality? Yes No							
c. been granted refugee or asylee status in any other country?							

Part 7. Complete only if applying for advance parole.

rart 7. Complete only if applying for advance	ice parole.			
On a separate sheet(s) of paper, please explain how you q issuance of advance parole. Include copies of any docum	qualify for an advance parole document and what circumstances warrant ments you wish considered. <i>(See instructions.)</i>			
1. For how many trips do you intend to use this documen	ent?			
2. If the person intended to receive an advance parole doe of the American embassy or consulate or the DHS over	ocument is outside the United States, provide the location (city and country) verseas office that you want us to notify.			
City	Country			
3. If the travel document will be delivered to an overseas	s office, where should the notice to pick up the document be sent:			
To the address shown in Part 2 on the first page of	of this form.			
To the address shown below:				
Address (Number and Street)	Apt. # Daytime Telephone # (area/country code)			
City State or Provi	vince Zip/Postal Code Country			
Part 8. Signature. Read the information on penalties in the instructions before completing this section. If you are filing for a reentry permit or refugee travel document, you must be in the United States to file this application.				
I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.				
Signature D	Date (mm/dd/yyyy) Daytime Telephone Number (with area code)			
Please Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application 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 t	f 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)			