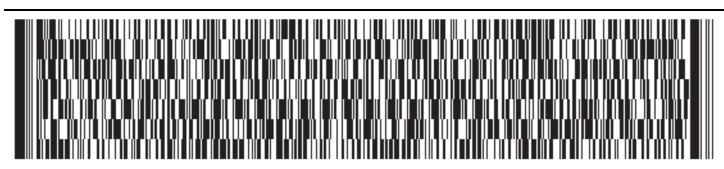
Application for Travel Document



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

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

Fo USC Us On	CIS se	Receipt			Action Block	To Be Completed by an <i>Attorney/</i> <i>Representative</i> , if any.
	ocument Hand	d Delivered				Fill in box if G-28 is
В	y:	Date: /				attached to represent the applicant.
	D	Ocument Issued				
	e-entry Permit (U Mail To" Section)	Update □ Refugee Travel Document (Update "Mail To" Section)	Mail To (Re-entry &		lress in <i>Part 1</i> Consulate at:	Attorney State License Number:
	ingle Advance Pa	urole Dultiple Advance Parole	Refugee Only)		DHS Ofc at:	
► St	t art Here. Ty	pe or Print in Black Ink				
Par	t 1. Informa	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.		Devi			► A- 1	2 3 4 5 6 7 8
Phy	sical Address			4.	Country of Birth	
2.a.	In Care of Nar	ne		5.	Country of Citizenship	
	Manisha A	grawal		5.	India	
2.b.	Street Number and Name	123 Park Avenue	2	6.	Class of Admission	
2.c.	Apt. 🔀 Ste.	Flr. 45			H-1B Visa	
2.d.	City or Town	Edison		7.	Gender Male × Fema	
2.e.	State NJ	2.f. Zip Code 08837		8.	Date of Birth (mm/dd/yyyy	v) ▶ 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

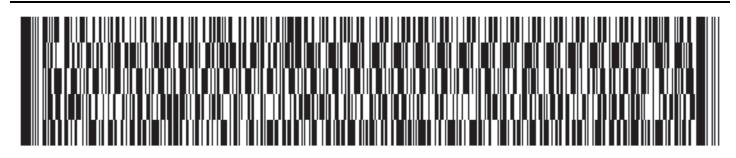


Country USA

2.i.

Par	rt 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.	2.g.	Daytime Phone Number (
1.d.	X	I am applying for an Advance Parole Document to	Phy	sical Address (If you checked box 1.f.)
		allow me to return to the United States after temporary foreign travel.	2.h.	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 and Name
1.f.		I am applying for an Advance Parole Document for a person who is outside the United States.	2.j.	Apt. Ste. Flr.
•	If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.			City or Town
		nily Name	2.l .	State 2.m. Zip Code
<i>2</i> .a.		st Name)	2 n	Postal Code
2.b.		en Name	2.11.	
_		rst Name)	2.0.	Province
2.c.	Mid	Idle Name	2 n	Country
2.d.	Date	e of Birth $(mm/dd/yyyy)$	2.p.	country
Part 3. Processing Information				
1.	Dat	e 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.	Exp	bected Length of Trip (in days)		Yes XNo
3.a.	Are	you, or any person included in this application, now	4.b.	Date Issued (mm/dd/yyyy) ►
	in e	xclusion, deportation, removal, or rescission	4.c.	Disposition (attached, lost, etc.):
	proc	ceedings? \Box Yes \boxtimes No		
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. To the U.S. address shown in Part 1 (2.a through			
2.i.) of this form.	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	-		
6.b. Country	10.d. City or Town		
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 the travel document be sent?	10.i. Country		
8. To the address shown in Part 2 (2.h. through 2.p.) of this form.	10.j. Daytime Phone Number (
9. To the address shown in Part 3 (10.a. through 10.i.) of this form.:			
Part 4. Information About Your Proposed Travel			
1.a. Purpose of trip. (If you need more space, continue on a computer short of name)	1.b. List the countries you intend to visit. (<i>If you need more</i>		
<i>separate sheet of paper.)</i> Family obligations	<i>space, continue on a separate sheet of paper.)</i> India		
Part 5. Complete Only If Applying for a Re-entry Po	ormit		
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 have you spent outside the United States?	States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return		
1.a. \square less than 6 months 1.d. \square 2 to 3 years	because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)		
1.b. 6 months to 1 year 1.e. 3 to 4 years 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 Yes No named above?

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

- Returned to the country named 3.a. Yes 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		Nc
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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 No Yes 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 \times 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	Towr

Country

2.b.

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

- To the address shown in Part 2 (2.h. through 2.p.) 3. 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
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		on on penalties in the Form instructions before completing it or Refugee Travel Document, you must be in the United States			
	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 Appearance 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 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			
	Preparer's Given Name (First Name)				
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.	City or Town	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	7			
3.g.	Province				
3.h.	Country				

