I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK F		FOR USCIS USE ONL	R USCIS USE ONLY (except G-28 block below)			
Document Issued Reentry Permit Refugee Travel Document Single Advance Parole Multiple Advance Parole Valid to:	Action Block	Receipt				
If Reentry Permit or Refugee Travel Document, mail to: Address in Part 1		Document Har	nd Delivered By			
U.S. Embassy/consulate at: Overseas DHS office at:		Attorney State Lic	Attorney/Representative, if any. sense # G-28 is attached.			
-	Du (Type or print in black ink)					
 A Number S. Name (Family name in capital letters) 	Date of Birth (mm/dd/yyyy) (First)	Class of Admission (Middle)	4. Gender Male Female			
6. Address (Number and Street)	Apt. Number					
City 7. Country of Birth	State or Province 8. Country of Citizenship	Zip/Postal Code 9. Social Security #	Country # (if any)			
Part 2. Application Type (Che	ck one)					
 a.						
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	4. Count	ry of Citizenship			
5. Address (Number and Street)		Apt. # Daytime Tele	ephone # (area/country code)			
City State or Province Zip/Postal Code Country						

Part 3. Processing Information									
1. 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 rescission proceedings?	Yes No (Name of DHS office):								
If you are applying for an Advance Parole Document, skip to									
4. Have you ever before been issued a reentry permit or Refugee Travel Document? No Yes (If "Yes," give the following information for the last document issued to you):									
Date Issued (mm/dd/yyyy): Dispositi	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 for	n.								
To the address shown below: Address (Number and Street)	Apt. # Daytime Telephone # (area/country code)								
Address (Ivamber and street)	Apt. # Daytime Telephone # (area/country code)								
City State or Province	Zip/Postal Code Country								
Part 4. Information About Your Proposed Travel	C								
Purpose of trip. (If you need more room, continue on a separate sheet of	of paper.) List the countries you intend to visit.								
Part 5. Complete Only If Applying for a Reentry Pe	rmit								
Since becoming a permanent resident of the United States (or during									
past five years, whichever is less) how much total time have you spoutside the United States?	six months to one year three to four years one to two years more than four years								
Since you became a permanent resident of the United States, have	-								
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 Tr	avel 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 renewal, or entry permit of that country? Yes No Yes No 									
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?	Yes No								
b. Acquired a new nationality?c. Been granted refugee or asylee status in any other country?	Yes No								
c. Deen granica rerugee of asyree status in any other country?	Yes No								

Part 7. Complete Only If Applyin	g for Advance Pa	role					
On a separate sheet of paper, explain how y advance parole. Include copies of any docu					ımstances warrar	nt issuance of	
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 Adva of the U.S. Embassy or consulate or the					the location (city	and country)	
City	Cou	untry					
3. If the travel document will be delivered to To the address shown in Part 2 on t To the address shown below:			ıld the no	otice to pick up the	document be sen	t?:	
Address (Number and Street)			Apt. #	Daytime Te	lephone # (area/co	ountry code)	
City	City State or Province			Zip/Postal Code	Country		
Pari A Sionalife	ease of any information	Document tes of Am n from m	t, you mi	at this application a that U.S. Citizensl	I States to file the	submitted with ion Services	
	, ,						
Note: If you do not completely fill out this found eligible for the requested document				ents listed in the in	structions, you n	nay not be	
Part 9. Signature of Person Prepa	ring Form, If Oth	er Tha	n the A	pplicant (Sign be	elow)		
I declare that I prepared this application at t	he request of the applic	cant, and	it is base	d on all information	n 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 (m	m/dd/yyyy	,)			
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