## U. S. Citizenship and Immigration Services

DO NOT WRITE IN THIS BLOCK FOR		FOR USCIS USE ONLY (except G-28 block below)					
<b>Document Issued</b> ☐ Reentry Permit	Action Block	Receipt					
Refugee Travel Document							
Single Advance Parole							
Multiple Advance Parole							
Valid to:							
If Reentry Permit or Refugee Travel Document, mail to:		Document Hand Delivered					
Address in Part 1		On By					
U.S. 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	<b>u</b> (Type or print in black ink)						
<b>1.</b> A Number <b>2.</b>	Date of Birth (mm/dd/yyyy)	<b>3.</b> Class of Admission <b>4.</b> Gender					
123-456-78	02/13/1975	K-1 Male X Female					
5. Name (Family name in capital letters)	(First)	(Middle)					
SMITH	Jane	Joan					
<b>6.</b> Address (Number and Street)		Apt. Number					
183 Gore Creek Drive							
City	State or Province	Zip/Postal Code Country					
Vail	СО	81658 USA					
7. Country of Birth	<b>8.</b> Country of Citizenship	9. Social Security # (if any)					
Australia	Australia	123-45-6789					
Australia	Australia	125-43-0707					
Part 2. Application Type (Che	ck one)						
a.   I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.							
<b>b.</b> I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.							
c.   I am a permanent resident as a	direct result of refugee or asylee s	status, and I am applying for a Refugee Travel Document.					
<b>d.</b> X 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,	and I am applying for an Advance	ce Parole Document.					
<b>f.</b> I am applying for an Advance I provide the following information		no is outside the United States. If you checked box "f,"					
1. Name (Family name in capital letters	(Middle)						
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	4. Country of Citizenship					
5. Address (Number and Street) Apt.		Apt. # Daytime Telephone # (area/country code)					
City	State or Province	Zip/Postal Code Country					
	<del></del>						



Part 3. Processing Information								
1. Date of Intended Departure (mm/dd/yyyy)	2. Expected Length of Trip							
10/15/2012	3 weeks							
3. Are you, or any person included in this application, now in								
exclusion, deportation, removal, or rescission proceedings? Yes X No (Name of DHS 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 Document?  No Yes (If "Yes," give the following information for the last document issued to you):								
Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.):								
<ul> <li>5. Where do you want this travel document sent? (Check one)</li> <li>a. To the U.S. address shown in Part 1 on the first page of this form.</li> </ul>								
b. To a U.S. Embassy or consulate at: City: Country:								
	Country:							
c. To a DHS office overseas at: City: Country: C								
To the address shown in <b>Part 2</b> 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							
Part 4. Information About Your Proposed Travel								
Purpose of trip. (If you need more room, continue on a separate sheet	of paper.) List the countries you intend to visit.							
Part 5. Complete Only If Applying for a Reentry Pe	ermit							
Since becoming a permanent resident of the United States (or during	ing the less than six months two to three years							
past five years, whichever is less) how much total time have you specified by the Market and the second sec								
outside the United States?	one to two years more than four years							
Since you became a permanent resident of the United States, have you ever filed a Federal income tax								
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 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.							
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?	Yes No							
<b>b</b> . Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?								
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:								
<b>a</b> . 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  Yes								
c. Deen granted refugee of asylee status in any other country?	Yes No							



Part 7. Complete Only If Applying for Adv	ance Parole				
On a separate sheet of paper, explain how you qualify for advance parole. Include copies of any documents you w				nstances warrant issuance of	
1. How many trips do you intend to use this document?		One Trip X More than one trip			
<b>2.</b> If the person intended to receive an Advance Parole of the U.S. Embassy or consulate or the DHS overses			-	ne location (city and country)	
City	Country				
<b>3.</b> If the travel document will be delivered to an oversea	s office, where s	hould the notice	to pick up the de	ocument be sent?:	
To the address shown in <b>Part 2</b> on the first page	of this form.				
To the address shown below:					
Address (Number and Street)		Apt. #	Daytime Tele	ephone # (area/country code)	
City State or Pro	vince	Zip	/Postal Code	Country	
Part 8. Signature Read the information on penal for a reentry permit or Refuge					
I certify, under penalty of perjury under the laws of the it are all true and correct. I authorize the release of any ineeds to determine eligibility for the benefit I am seeking	nformation from				
Signature	Date (mm/dd/yyy	y)	Daytime Telephone Number (with area code)		
	07/11/2012		858-323-4567		
Note: If you do not completely fill out this form or far found eligible for the requested document and this app	_		listed in the inst	tructions, you may not be	
Part 9. Signature of Person Preparing Form	n, If Other T	han the App	licant (Sign bel	ow)	
I declare that I prepared this application at the request o	f the applicant, a	nd it is based or	all information	of which I have knowledge.	
Signature Print or Type Your Name					
Firm Name and Address	Day	Daytime Telephone Number (with area code)			
Fax Number (if any)		Date (mm/dd/yyyy)			

