U. S. Citizenship and Immigration Services

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLO	СК	FOR I	JSCIS USE ONLY (except G-28 block below)				
Document Issued	Action Block	10110	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:			On By				
Address in Part 1							
American embassy/consulate at:			<i>To be completed by Attorney/Representative, if any.</i> Attorney State License #				
Overseas DHS office			Check box if G-28 is attached.				
		 .					
	1. (Please type or print in black		of Admission 4 Conden				
1. A # 2.	Date of Birth (<i>mm/dd/yyyy</i>)	3. Class	of Admission 4. Gender				
5 Name (F = 1) · · · · · · · · · · · · · · · · · ·			Male Female				
5. Name (<i>Family name in capital letters</i>)	(First)		(Middle)				
$(A_1) = (A_1 + A_2) = (A_2 + A_3)$							
6. Address (Number and Street)			Apt. #				
Cite							
City	State or Province	í	Zip/Postal Code Country				
7. Country of Birth	8. Country of Citizenship		9. Social Security # (if any.)				
			9. Social Security # (17 any.)				
Part 2. Application type (check	k one).						
a. I am a permanent resident or co	onditional resident of the United St	ates and I	am applying for a reentry permit.				
b. I now hold U.S. refugee or asy	ee status and I am applying for a re	efugee tra	vel document.				
c. I am a permanent resident as a direct result of refugee or asylee status 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	and I am applying for an advance p	arole doc	ument.				
f. I am applying for an advance p <i>the following information about</i>	-	s outside t	the United States. If you checked box "f", provide				
1. Name (Family name in capital letters) (First)		(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				
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Part 3. Processing information.

1. Date of Intended Departure (mm/dd/yyy	y)	2 . E	xpected	Length	of Trip			
3 . Are you, or any person included in this exclusion, deportation, removal or recission		🗌 No	Y	es (Name	e of DHS offic	ce): [
If you are applying for an Advance Par								
4. Have you ever before been issued a rea for the last document issued to you):	entry permit or refug	gee travel?		🗌 No	Yes (Giv	ve the	following inform	nation
Date Issued (mm/dd/yyyy):	Disp	osition (atta	iched, l	ost, etc.):				
5. Where do you want this travel documea. To the U.S. address shown in Part		<i>,</i>						
b . To an American embassy or consu	late at: City:				Country:			
c . To a DHS office overseas at:	City:				Country:			
d. If you checked "b" or "c", where shou	1	1	el docu	ment be	sent?			
To the address shown in Part 2 on To the address shown below:	the first page of this	form.						
Address (Number and Street)			Apt. #		Davtime Tel	enhon	e # (area/country c	rode)
					cpiton		ioue)
City	State or Province			Zip/Pos	tal Code	Cou	intry	
Part 4. Information about your p	ronosed travel.							
Purpose of trip. If you need more room, cont	-	ret(s) of pape	er.	List the	countries you	ı inter	nd to visit.	
Part 5. Complete only if applying	g for a reentry p	ermit.						
Since becoming a permanent resident of the past five years, whichever is less) how muc outside the United States?	,	-			six months hs to one year o years	r [two to three three to four more than fo	years
Since you became a permanent resident of return as a nonresident, or failed to file a fe nonresident? (<i>If "Yes," give details on a sep</i>	deral income tax ret	turn becaus				be a	Yes	🗌 No
Part 6. Complete only if applying	g for a refugee t	ravel doc	umen	t.				
1. Country from which you are a refugee o	r asylee:							
If you answer "Yes" to any of the following	ng questions, you m	ust explain	on a s	eparate s	heet(s) of pa	per.		
2. Do you plan to travel to the above name	ed country?						Yes	No No
 Since you were accorded refugee/asylee a. returned to the above named country? b. applied for and/or obtained a national 	passport, passport i	renewal or o					Yes Yes	No No
c. applied for and/or received any benef	it from such country	y (for exam	ple, hea	lth insura	ance benefits)).	Yes	No No
 4. Since you were accorded refugee/asylee a. reacquired the nationality of the abov b. acquired a new nationality? c. been granted refugee or asylee status 	e named country?		procedu	are or vol	luntary act:		Yes Yes Yes	□ No □ No □ No
	-							

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Part 7. Complete only if applying for advance parole.

Fart 7. Complete only it apprying for advan	ce paron	е.						
On a separate sheet(s) of paper, please explain how you issuance of advance parole. Include copies of any docur							circumstances	s warrant
1. For how many trips do you intend to use this docume	One trip More than one trip							
2. If the person intended to receive an advance parole de of the American embassy or consulate or the DHS or					· •	e the l	location (city a	and country)
City	Cour	ntry						
3. If the travel document will be delivered to an overseas	s office, wh	nere shou	ld the no	otice to	pick up th	he do	cument be sen	t:
To the address shown in Part 2 on the first page	of this forr	n.						
To the address shown below:								
Address (Number and Street)			Apt. #		Daytime	Telep	phone # (area/co	ountry code)
City State or Pro-	State or Province			Zip/P	Zip/Postal Code Country			
Part 8. Signature. Read the information on penal for a reentry permit or refuged							••	
I certify, under penalty of perjury under the laws of the U it are all true and correct. I authorize the release of any i Services needs to determine eligibility for the benefit I a	informatior							
Signature	Date (mm/d	ld/yyyy)			aytime Tel	lepho	ne Number (wi	th area code)
Please Note: If you do not completely fill out this form be found eligible for the requested document and this a			-	docum	ents listed	in th	e instructions	, you may not
Part 9. Signature of person preparing form	, if other	than tl	ne app	licant	• (Sign be	low.)		
I declare that I prepared this application at the request of	the application	ant and it	is based	d on al	l informati	ion of	which I have	knowledge.
Signature		Print or	Туре Үо	ur Nam	e			
Firm Name and Address		Daytime Telephone Number (with area code)						
Fax Number (<i>if any</i> .)		Date (m)	n/dd/yyyy	v)				