INITIAL RECEIPT

I-131, Application for Travel Document

U. S. Citizenship and Immigration Services DO NOT WRITE IN THIS BLOCK FOR USCIS USE ONLY (except G-28 block below) Action Block **Document Issued** 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: Address in Part 1 American embassy/consulate To be completed by Attorney/Representative, if any. Attorney State License # Overseas DHS office Check box if G-28 is attached. at: Part 1. **Information about you.** (*Please type or print in black ink.*) 1. A# 2. Date of Birth (mm/dd/yyyy) 3. Class of Admission 4. Gender Male \square Female **5.** Name (Family name in capital letters) (First) (Middle) **6.** Address (Number and Street) Apt. # City State or Province Zip/Postal Code Country 8. Country of Citizenship 7. Country of Birth **9.** Social Security # (if any.) Part 2. Application type (check one). **a.** I am a permanent resident or conditional resident of the United States and I am applying for a reentry permit. I now hold U.S. refugee or asylee status and I am applying for a refugee travel document. I am a permanent resident as a direct result of refugee or asylee status and I am applying for a refugee travel document. I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel. I am outside the United States and I am applying for an advance parole document. I am applying for an advance parole document for a person who is outside the United States. If you checked box "f", provide the following information about that person: **1.** Name (Family name in capital letters) (First) (Middle) 2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship **5.** Address (*Number and Street*) Daytime Telephone # (area/country code) Apt. # City State or Province Zip/Postal Code Country

RELOCATED: Rec'd

Sent

COMPLETED: Appv'd.

RESUBMITTED

Ret'd

Denied

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 recission proceedings?		
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? No Yes (Give the following information for the last document issued to you):		
Date Issued (mm/dd/yyyy): Disposition (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 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)	
Tradess (Transer and Street)	Buyume Telephone w (uncurcommy cour)	
City State or Province	Zip/Postal Code Country	
Port 4. Information about your proposed travel		
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.		
Turpose of trip. If you need more room, commute on a seperate sneed s) of paper.	East the countries you ment to visit.	
Part 5. Complete only if applying for a reentry permit.		
	less than six months	
	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 you ever filed a federal income tax		
return as a nonresident, or failed to file a federal income tax return because you co		
nonresident? (If "Yes," give details on a separate sheet(s) 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(s) of paper.		
2. Do you plan to travel to the above named country?	Yes No	
3. Since you were accorded refugee/asylee status, have you ever:	□ Vos. □ No.	
a. returned to the above named country? Description: Description: Description: Description: A ves No		
c. applied for and/or received any benefit from such country (for example, hea		
4. Since you were accorded refugee/asylee status, have you, by any legal procedu		
a. reacquired the nationality of the above named country? Description of the above named country? No Secretary of the above named country? Yes No		
b. acquired a new nationality? c. been granted refugee or asylee status in any other country? Yes No Yes No		

Part 7. Complete only if applying for advance parole.		
On a separate sheet(s) of paper, please explain how you qualify issuance of advance parole. Include copies of any documents you	for an advance parole document and what circumstances warrant ou wish considered. (See instructions.)	
1. For how many trips do you intend to use this document?	One trip More than one trip	
2. If the person intended to receive an advance parole document of the American embassy or consulate or the DHS overseas	t is outside the United States, provide the location (city and country) office that you want us to notify.	
City	ountry	
3. 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 on the first page of this form. To the address shown below: Address (Number and Street) City State or Province 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 Date (mm/dd/yyyy) Daytime Telephone Number (with area code)		
Please Note: If you do not completely fill out this form or fail be found eligible for the requested document and this applicati	to submit required documents listed in the instructions, you may not ion may be denied.	
Part 9. Signature of person preparing form, if oth	er than the applicant. (Sign below.)	
I declare that I prepared this application at the request of the app	olicant 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 (if any.)	Date (mm/dd/yyyy)	