U. S. Citizenship and Immigration Services

DO NOT WRITE IN THIS BLO		R USCIS USE ONLY (except G-28 block below)	
Document Issued	Action Block	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:		To be completed by Attorney/Representative, if any. Attorney State License #	
Overseas DHS office at:		Check box if G-28 is attached.	
Part 1. Information about you	. (Please type or print in black ink.,)	
1. A# 2.	Date of Birth (<i>mm/dd/yyyy</i>) 3. Cla	ass of Admission 4. Gender	
		Male Female	
5. Name (<i>Family name in capital letters</i>)	(First)	(Middle)	
6. Address (Number and Street)		Apt. #	
City	State or Province	Zip/Postal Code Country	
7. Country of Birth	8. Country of Citizenship	9. Social Security # (if any.)	
] [
Part 2. Application type (check	one).		
a. I am a permanent resident or co	nditional resident of the United States, a	nd I am applying for a reentry permit.	
b. I now hold U.S. refugee or asyl	ee status and I am applying for a refugee	travel 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 p	arole document to allow me to return to t	he United States after temporary foreign travel.	
e. I am outside the United States a	and I am applying for an advance parole of	locument.	
f. I am applying for an advance part of the first factor of the first factor of the		de de l'Unite d'Orace d'Orace de la descripción de la descripción de la descripción de la dela del de la della del	
the following information about	<u> •</u>	de the United States. If you checked box "f", provide	
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)	Apt. #	Daytime Telephone # (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 recission proceedings? No Yes (Name of DHS office)	ce):			
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 (Gi for the last document issued to you):	ve the following information			
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 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 form.				
To the address shown below:				
Address (Number and Street) Apt. # Daytime Tel	lephone # (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 seperate sheet(s) of paper. List the countries you	a intend to visit.			
Part 5. Complete only if applying for a reentry permit.				
Since becoming a permanent resident of the United States (or during the less than six months	two to three years			
past five years, whichever is less) how much total time have you spent six months to one year	r three to four years			
outside the United States?	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	he a			
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 page	per.			
2. Do you plan to travel to the above named country?	☐ Yes ☐ No			
3. Since you were accorded refugee/asylee status, have you ever:				
a. returned to the above named country?b. applied for and/or obtained a national passport, passport renewal or entry permit of that country?	Yes No			
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:				
a. reacquired the nationality of the above named country?b. acquired a new nationality?	Yes No			
c. been granted refugee or asylee status in any other country?	Yes No			

Part 7. Complete only if applying for advance parole.		
On a separate sheet(s) of paper, please explain how you qualif issuance of advance parole. Include copies of any documents	ify for an advance parole document and what circumstances warrant s you 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 docume of the U.S. Embassy or consulate or the DHS overseas off	nent is outside the United States, provide the location (city and country) ffice that you want us to notify.	
City	Country	
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) Apt. # Daytime Telephone # (area/country code) 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 U.S. Citizenship and Immigration Services		
needs to determine eligibility for the benefit I am seeking.		
Signature Date (Daytime Telephone Number (with area code)	
Please Note: If you do not completely fill out this form or fa be found eligible for the requested document and this applica	fail to submit required documents listed in the instructions, you may not cation may be denied.	
Part 9. Signature of person preparing form, if or	other than the applicant. (Sign below.)	
I declare that I prepared this application at the request of the a	applicant, 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)	