U. S. Citizenship and Immigration Services

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLO	СК	FOR 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		To be completed by Attorney/Representative, if any.
at:		Attorney State License #
Overseas DHS office		· · · · · · · · · · · · · · · · · · ·
└── at:		Check box if G-28 is attached.
	1. (Please type or print in black	
1. A # 2.	Date of Birth (<i>mm/dd/yyyy</i>)	3. Class 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 Dirth	9 Country of Citizanshin	
7. Country of Birth	8. Country of Citizenship	9. Social Security # (<i>if any</i> .)
Part 2. Application type (check	z one).	
a. I am a permanent resident or co	onditional resident of the United Sta	tes, 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	fugee travel document.
c. I am a permanent resident as a	direct result of refugee or asylee sta	tus, and I am applying for a refugee travel document.
d. I am applying for an advance p	arole document to allow me to return	rn to the United States after temporary foreign travel.
e. I am outside the United States	and I am applying for an advance pa	arole document.
f. I am applying for an advance p	arole document for a person who is	outside the United States. If you checked box "f", provide
the following information about	-	, , , , , , , , , , , , , , , , , , ,
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	Zip/Postal Code Country
-]	

Part 3. Processing information.

1. Date of Intended Departure (<i>mm/dd/yyyy</i>)	2. Expected Length of Trip
3 . Are you, or any person included in this application, now in exclusion, deportation, removal, or recission proceedings?	No Set (Name of DHS office):
If you are applying for an Advance Parole Document, skip to P	
4. Have you ever before been issued a reentry permit or refugee tra for the last document issued to you):	Invel? Invel? No Yes (Give the following information
Date Issued (mm/dd/yyyy): Disposition	n (attached, lost, etc.):
 5. Where do you want this travel document sent? (<i>Check one</i>) 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 th	e travel document be sent?
To the address shown in Part 2 on the first page of this form	
To the address shown below: Address (<i>Number and Street</i>)	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 seperate sheet(s) of	<i>f paper</i> . List the countries you intend to visit.
Part 5. Complete only if applying for a reentry perm	it.
Since becoming a permanent resident of the United States (or during past five years, whichever is less) how much total time have you spe outside the United States?	
Since you became a permanent resident of the United States, have yo	
return as a nonresident, or failed to file a federal income tax return b nonresident? (If "Yes," give details on a separate sheet(s) of paper.)	ecause you considered yourself to be a
Part 6. Complete only if applying for a refugee trave	
1. Country from which you are a refugee or asylee:	
If you answer "Yes" to any of the following questions, you must ex	xplain 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:	
a. returned to the above named country?b. applied for and/or obtained a national passport, passport renew	al or entry permit of that country?
c. applied for and/or received any benefit from such country (for	
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?	$\Box \operatorname{Yes} \Box \operatorname{No}$
c. been granted refugee or asylee status in any other country?	Yes No

Part 7. Complete only if applying for advance parole.

rart 7. Complete only if applyin	g for advance par	ole.				
On a separate sheet(s) of paper, please expissuance of advance parole. Include copie			-		at circumstances warrant	
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 ado of the U.S. Embassy or consulate or the	•			-	e location (city and countr	y)
City	Co	ountry				
3. If the travel document will be delivered	l to an overseas office,	where should	l the notio	ce to pick up the d	ocument be sent:	
To the address shown in Part 2 or	n the first page of this f	orm.				
To the address shown below:						
Address (Number and Street)		A	Apt. #	Daytime Tel	ephone # (area/country code)	
City	State or Province		Zi	ip/Postal Code	Country	
I certify, under penalty of perjury under the needs to determine eligibility for the bene	rmit or refugee travel of the laws of the United S release of any informat fit I am seeking.	document, yo tates of Ameri ion from my	<i>u must b</i> rica, that	e in the United St this application ar hat U.S. Citizensh	ip and Immigration Servio	with ces
Signature	Date (mr	n/dd/yyyy)		Daytime Telephone Number (<i>with area code</i>)		e)
Please Note: If you do not completely fit be found eligible for the requested docum				cuments listed in t	the instructions, you may	not
Part 9. Signature of person prep	aring form, if oth	er than the	e applic	ant. (Sign below.)	
I declare that I prepared this application a	t the request of the app	licant, and it	is based o	on all information	of which I have knowledg	ge.
Signature		Print or T	Print or Type Your Name			
Firm Name and Address		Daytime 1	Daytime Telephone Number (<i>with area code</i>)			
Fax Number (<i>if any</i> .)			Date (<i>mm/dd/yyyy</i>)			
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