## I-131, Application for Travel Document

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U.	S.	Citi	zens	ship	and	Imr	nigr	ation	Services

DO NOT WRITE IN THIS BLO	CK	FOR USCIS USE ONLY (except G-28 block below)					
Document Issued ☐ Reentry Permit	Action Block	Receipt					
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		On By					
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 (mm/dd/yyyy)	<b>3.</b> Class of Admission <b>4.</b> Gender					
		Male Female					
<b>5.</b> Name (Family name in capital letters)	(First)	(Middle)					
<b>6.</b> 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.)					
	7						
Part 2. Application type (check	t one).						
a.   I am a permanent resident or co	onditional resident of the United Sta	ates, and I am applying for a reentry permit.					
<b>b.</b> I now hold U.S. refugee or asyl	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	atus, and I am applying for a refugee travel document.					
<b>d.</b> I am applying for an advance p	arole document to allow me to retu	rn to the United States after temporary foreign travel.					
e.   I am outside the United States a	and I am applying for an advance p	arole document.					
<b>f.</b> I am applying for an advance p the following information about		outside 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					
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Part 7. Complete only if applying for advan	ice paro	le.						
On a separate sheet(s) of paper, please explain how you issuance of advance parole. Include copies of any docu-						ances warrant		
1. For how many trips do you intend to use this docume		One tri	ір 🗌 Мо	ore than one tr	rip			
2. If the person intended to receive an advance parole d of the U.S. Embassy or consulate or the DHS overse				_	the location (	city and country)		
City	Cou	ıntry						
3. If the travel document will be delivered to an oversea	s office, w	here shou	ld the notice	e to pick up th	ne document b	e sent:		
To the address shown in <b>Part 2</b> on the first page	of this for	rm.						
To the address shown below:								
Address (Number and Street)			Apt. #	Daytime	Telephone # (	area/country code)		
City State or Pro	City State or Province			Zip/Postal Code Country				
Port & Signature Read the information on pena	lties in the	e instructi	ons before o	completing th	is section. If	vou are filing		
Part 8. Signature. Read the information on pend 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 needs to determine eligibility for the benefit I am seeking	informatio							
Signature	Date (mm/	/dd/yyyy)		Daytime Tel	ephone Numbe	er (with area code)		
Please Note: If you do not completely fill out this form be found eligible for the requested document and this of				uments listed	in the instruc	tions, you may not		
Part 9. Signature of person preparing form	, if othe	r than t	he applica	ant. (Sign bei	low.)			
I declare that I prepared this application at the request o	f the appli	cant, and	it is based or	n all informat	ion of which I	have knowledge.		
Signature		Print or	Type Your N	lame				
Firm Name and Address	Daytim	Daytime Telephone Number (with area code)						
Fax Number (if any.)	Date (mm/dd/yyyy)							
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