

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK

FOR USCIS USE ONLY (except G-28 block below)

Document Issued <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid to: _____ If Reentry Permit or Refugee Travel Document, mail to: <input type="checkbox"/> Address in Part 1 <input type="checkbox"/> U.S. Embassy/consulate at: _____ <input type="checkbox"/> Overseas DHS office at: _____	Action Block 	Receipt <input type="checkbox"/> Document Hand Delivered On _____ By _____ <i>To be completed by Attorney/Representative, if any.</i> Attorney State License # _____ <input type="checkbox"/> Check box if G-28 is attached.
--	---	--

Part 1. Information About You (Type or print in black ink)

1. A Number 2. Date of Birth (mm/dd/yyyy) 3. Class of Admission 4. Gender Male Female

5. Name (Family name in capital letters) (First) (Middle)

6. Address (Number and Street) Apt. Number

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 conditional resident of the United States, and I am applying for a reentry permit.
- b. I now hold U.S. refugee or asylee 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 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 Parole Document.
- f. 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) 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 rescission proceedings?

Yes No

(Name of DHS office):

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 Document?

No Yes (If "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 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 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 separate sheet of paper.)

List the countries you 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 past five years, whichever is less) how much total time have you spent outside the United States?

less than six months

two to three years

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 considered yourself to be a nonresident? (If "Yes," give details on a separate sheet 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 of paper.

2. Do you plan to travel to the country named above?

Yes

No

3. Since you were accorded refugee/asylee status, have you ever:

a. Returned to the country named above?

Yes

No

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).

Yes

No

4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

a. Reacquired the nationality of the country named above?

Yes

No

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 of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. 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 is outside the United States, provide the location (city and country) of the U.S. Embassy or consulate or the DHS overseas office 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 (mm/dd/yyyy) Daytime Telephone Number (with area code)

Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

Part 9. Signature of Person Preparing Form, If Other Than the Applicant (Sign below)

I declare that I prepared this application at the request of the 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)