## I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK FO		FOR U	R USCIS USE ONLY (except G-28 block below)					
Document Issued Reentry Permit Refugee Travel Document Single Advance Parole	Action Block		Receipt					
Multiple Advance Parole								
Valid to:  If Reentry Permit or Refugee Travel			Document Hand Delivered					
Document, mail to:	On By							
Address in Part 1 U.S. 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.					
Part 1. Information About You (Type or print in black ink)								
<b>1.</b> A Number <b>2.</b>	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							
6. Address (Number and Street)	6. Address (Number and Street)							
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 (Chec	ck one)							
a. I am a permanent resident or co	onditional resident of the United S	tates, and I	I am applying for a reentry permit.					
<ul> <li>I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.</li> <li>I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.</li> </ul>								
		_	I am applying for a Refugee Travel Document.					
<b>d.</b> I am applying for an advance p	arole document to allow me to ret	urn to the	United States after temporary foreign travel.					
	and I am applying for an Advance		• • •					
_	Parole Document for a person who		the United States. If you checked box "f,"					
1. Name (Family name in capital letters	•		(Middle)					
1. Traine (1 anni y name in cupitat tetters	(11131)		(manc)					
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth		4. Country of Citizenship					
<b>5.</b> Address (Number and Street)		Apt. #	Daytime Telephone # (area/country code)					
City	State or Province	Z	Cip/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		• (M CDHG 66							
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 <b>Part 1</b> 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:							
<b>d.</b> If you checked "b" or "c," where should the notice to pick up the travel document be sent?									
To the address shown in <b>Part 2</b> on the first page of this	s form.								
To the address shown below:	Ant #	Doutime Tele	mbono # ( / / / / )						
Address (Number and Street)	Apt. #	Daytille Tele	phone # (area/country code)						
City State or Province		Zip/Postal Code	Country						
State of Frovince		Zip/i Ostai Code	Country						
Part 4. Information About Your Proposed Trave	e <b>l</b>								
Purpose of trip. (If you need more room, continue on a separate sh	neet of paper.)	List the countries you intend to visit.							
Part 5. Complete Only If Applying for a Reentry	y Permit								
Since becoming a permanent resident of the United States (or or	during the	less than six months	s two to three years						
past five years, whichever is less) how much total time have ye	ou spent	six months to one year three to four years							
outside the United States?									
Since you became a permanent resident of the United States, h return as a nonresident or failed to file a Federal income tax ret	•		a 9						
nonresident? (If "Yes," give details on a separate sheet of pape	•	onsidered yourself to be	Yes No						
Part 6. Complete Only If Applying for a Refugee	e Travel Docum	nent							
1. Country from which you are a refugee or asylee:									
If you answer "Yes" to any of the following questions, you m	ust explain on a s	eparate 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 ev	ver:								
a. Returned to the country named above?  b. Applied for and/or obtained a national passport, passport.	ranauval or antru	normit of that country?	☐ Yes ☐ No☐ Yes ☐ No						
<ul><li>b. Applied for and/or obtained a national passport, passport</li><li>c. Applied for and/or received any benefit from such countr</li></ul>		-							
4. Since you were accorded refugee/asylee status, have you, b									
<b>a.</b> Reacquired the nationality of the country named above?	, and regai proced	are or voluminity act.	Yes No						
<b>b</b> . Acquired a new nationality?			Yes No						
c. Been granted refugee or asylee status in any other country	y?		Yes No						

Part 7. Complete Only If Applying for	r Advance Parole				
On a separate sheet of paper, explain how you quadvance parole. Include copies of any document				mstances warrant is	suance of
1. How many trips do you intend to use this docu	ument?	One Trip More than one trip			
2. If the person intended to receive an Advance of the U.S. Embassy or consulate or the DHS			-	he location (city and	d country)
City	Country				
3. If the travel document will be delivered to an one of the address shown in Part 2 on the fine  To the address shown below:		hould the notice	e to pick up the d	locument be sent?:	
Address (Number and Street)		Apt.#	Daytime Tel	ephone # (area/count	ry code)
City State	e or Province	Zi <sub>l</sub>	o/Postal Code	Country	
Part 8. Signature  Read the information of for a reentry permit or  I certify, under penalty of perjury under the laws it are all true and correct. I authorize the release needs to determine eligibility for the benefit I am Signature	Refugee Travel Documer of the United States of of any information from	America, that to my records that	be in the United his application are tt U.S. Citizenshi	States to file this and the evidence sub	mitted with Services
Note: If you do not completely fill out this form found eligible for the requested document and t	-		s listed in the ins	tructions, you may	not be
Part 9. Signature of Person Preparing	g Form, If Other T	han the App	<b>licant</b> (Sign bei	low)	
I declare that I prepared this application at the re	quest of the applicant, a	nd it is based or	n all information	of which I have kn	owledge.
Signature	Prin	t or Type Your N	ame		
Firm Name and Address		Daytime Telephone Number (with area code)			
Fax Number (if any)	Dat	e (mm/dd/yyyy)			