**TABLE OF CHANGES – FORM**

**Form I-131, Application for Travel Document**

**OMB Number: 1615-0013**

**07/21/2020**

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| **Reason for Revision: Fee Rule**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 04/30/2022Edition Date 04/24/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1,****For USCIS Use Only** | **[Page 1]****For USCIS Use Only****Action Block****To Be Completed by an *Attorney/ Representative*, if any.****Receipt**Fill in box if G-28 is attached to represent the applicant.**Document Hand Delivered**By:Date: / / /**Document Issued**Re-entry Permit (Update "Mail To" Section)Refugee Travel Document (Update "Mail To" Section)Single Advance ParoleMultiple Advance Parole Valid Until: / / /**Mail To** ***(Re-entry & Refugee Only)***Address in Part 1US Consulate at:Intl DHS Ofc at:Attorney State License Number: **Start Here. Type or Print in Black Ink** | **[Page 1]****For USCIS Use Only****Action Block****To Be Completed by an *Attorney/ Representative*.****Receipt**Fill in box if G-28 is attached to represent the applicant.**Document Hand Delivered**By:Date: / / /**Document Issued**Re-entry Permit (Update "Mail To" Section)Refugee Travel Document (Update "Mail To" Section)Single Advance ParoleMultiple Advance Parole Valid Until: / / /**Mail To** ***(Re-entry & Refugee Only)***Address in Part 1US Consulate at:Intl DHS Ofc at:Attorney State License Number: **Start Here. Type or Print in Black Ink** |
| **Page 1,****Part 1. Information About You** | **[Page 1]**[New]**Part 1. Information About You****1.a.** Family Name (Last Name) **1.b.** Given Name (First Name) **1.c.** Middle Name***Physical Address*** **2.a.** In Care of Name **2.b.** Street Number and Name**2.c.** Apt./Ste./Flr.**2.d.** City or Town**2.e.** State**2.f.** ZIP Code**2.g.** Postal Code **2.h.** Province**2.i.** Country ***Other Information*****3.** Alien Registration Number (A-Number) **4.** Country of Birth**5.** Country of Citizenship**6.** Class of Admission**7.** GenderMaleFemale**8.** Date of Birth (mm/dd/yyyy)**9.** U.S. Social Security Number (if any) | **[Page 1]**Answer all questions fully and accurately.  If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed.  If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have?” or “How many times have you departed the United States?”), type or print “None” unless otherwise directed.**Part 1. Information About You****1.a.** Family Name (Last Name) **1.b.** Given Name (First Name) **1.c.** Middle Name***Physical Address*** **2.a.** In Care of Name **2.b.** Street Number and Name**2.c.** Apt./Ste./Flr.**2.d.** City or Town**2.e.** State**2.f.** ZIP Code**2.g.** Postal Code **2.h.** Province**2.i.** Country ***Other Information*****3.** Alien Registration Number (A-Number) **4.** Country of Birth**5.** Country of Citizenship**6.** Class of Admission**7.** GenderMaleFemale**8.** Date of Birth (mm/dd/yyyy)**9.** U.S. Social Security Number  |