



# Application for Travel Document

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-131

OMB No. 1615-0013

Expires 04/30/2022

<b>For USCIS Use Only</b>	<b>Receipt</b>	<b>Action Block</b>	<b>To Be Completed by an Attorney/ Representative, if any.</b>		
	<input type="checkbox"/> <b>Document Hand Delivered</b>			<b>Mail To</b> <i>(Re-entry &amp; Refugee Only)</i>	<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	By: _____ Date: ____/____/____				<input type="checkbox"/> Address in <i>Part 1</i>
<b>Document Issued</b>		<input type="checkbox"/> US Consulate at: _____			
<input type="checkbox"/> Re-entry Permit ( <i>Update "Mail To" Section</i> ) <input type="checkbox"/> Refugee Travel Document ( <i>Update "Mail To" Section</i> ) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole <i>Valid Until:</i> ____/____/____		<input type="checkbox"/> Intl DHS Ofc at: _____			

▶ **Start Here.** Type or Print in Black Ink

## 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) ▶ A-

4. Country of Birth

5. Country of Citizenship

6. Class of Admission

7. Gender  Male  Female

8. Date of Birth (mm/dd/yyyy) ▶

9. U.S. Social Security Number (if any) ▶

## Part 2. Application Type

- 1.a.  I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b.  I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c.  I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d.  I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e.  I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f.  I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Date of Birth (mm/dd/yyyy) ▶

- 2.e. Country of Birth
- 2.f. Country of Citizenship
- 2.g. Daytime Phone Number (    )  -

### Physical Address (If you checked box 1.f.)

- 2.h. In Care of Name
- 2.i. Street Number and Name
- 2.j. Apt.  Ste.  Flr.
- 2.k. City or Town
- 2.l. State  2.m. ZIP Code
- 2.n. Postal Code
- 2.o. Province
- 2.p. Country

## Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) ▶
2. Expected Length of Trip (in days)
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings?  Yes  No
- 3.b. If "Yes", Name of DHS office:

- 4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):  Yes  No
- 4.b. Date Issued (mm/dd/yyyy) ▶
- 4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.

**Part 3. Processing Information** (continued)

Where do you want this travel document sent? (Check one)

- 5.  To the U.S. address shown in **Part 1 (2.a through 2.i.)** of this form.
  - 6.  To a U.S. Embassy or consulate at:
    - 6.a. City or Town
    - 6.b. Country
  - 7.  To a DHS office overseas at:
    - 7.a. City or Town
    - 7.b. Country
- If you checked "6" or "7", where should the notice to pick up the travel document be sent?
- 8.  To the address shown in **Part 2 (2.h. through 2.p.)** of this form.
  - 9.  To the address shown in **Part 3 (10.a. through 10.i.)** of this form.:

- 10.a. In Care of Name
- 10.b. Street Number and Name
- 10.c. Apt.  Ste.  Flr.
- 10.d. City or Town
- 10.e. State
- 10.f. ZIP Code
- 10.g. Postal Code
- 10.h. Province
- 10.i. Country
- 10.j. Daytime Phone Number (    )  -

**Part 4. Information About Your Proposed Travel**

- 1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)
- 1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

**Part 5. Complete Only If Applying for a Re-entry Permit**

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

- 1.a.  less than 6 months
- 1.b.  6 months to 1 year
- 1.c.  1 to 2 years
- 1.d.  2 to 3 years
- 1.e.  3 to 4 years
- 1.f.  more than 4 years

- 2. 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:

3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?

Yes  No

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

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

2. Do you plan to travel to the country named above?  Yes  No

4.a. Reacquired the nationality of the country named above?  Yes  No

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

4.b. Acquired a new nationality?  Yes  No

3.a. Returned to the country named above?  Yes  No

4.c. Been granted refugee or asylee status in any other country?  Yes  No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that 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.)

4.a. In Care of Name

1. How many trips do you intend to use this document?

One Trip  More than one trip

4.b. Street Number and Name

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

4.c. Apt.  Ste.  Flr.

4.d. City or Town

4.e. State

4.f. ZIP Code

2.a. City or Town

4.g. Postal Code

4.h. Province

2.b. Country

4.i. Country

4.j. Daytime Phone Number (

 )  - 

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3.  To the address shown in **Part 2 (2.h. through 2.p.)** of this form.

4.  To the address shown in **Part 7 (4.a. through 4.i.)** of this form.



**Part 10. Information About Person Who Prepared This Application, If Other Than the Applicant**

**NOTE:** If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

**Preparer's Full Name**

Provide the following information concerning the preparer:

- 1.a. Preparer's Family Name (*Last Name*)
- 1.b. Preparer's Given Name (*First Name*)
- 2. Preparer's Business or Organization Name

**Preparer's Mailing Address**

- 3.a. Street Number and Name
- 3.b. Apt.  Ste.  Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Postal Code
- 3.g. Province
- 3.h. Country

**Preparer's Contact Information**

- 4. Preparer's Daytime Phone Number Extension  
(  )  -
- 5. Preparer's E-mail Address (*if any*)

**Declaration**

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

- 6.a. Signature of Preparer
- 6.b. Date of Signature (*mm/dd/yyyy*) ▶

**NOTE:** If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.