

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

For USCI Use Only		Receipt	R	Action Block	To Be Completed by an <i>Attorney/</i> <i>Representative</i> , if any.		
Document Hand Delivered By: Date:/ / Document Issued		4	for	Fill in box if G-28 is attached to represent the applicant.			
"M □ Sin	entry Permit (Update ail To" Section) gle Advance Parole	 Refugee Travel Document (Update "Mail To" Section) Multiple Advance Parole Valid Until:/ _/ 	Mail To (Re-entry & Refugee Only)	□ Address in <i>Part 1</i> □ US Consulate at: □ Intl DHS Ofc at:	Attorney State License Number:		
	 Start Here. Type or Print in Black Ink Part 1. Information About You 						
	1.a. Family Name (Last Name) Other Information						
	Given Name <i>First Name</i>)			3. Alien Registration Number (A	-Number)		
1.c. 1	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

- 4. Country of Birth
- 5. Country of Citizenship
- 6. Class of Admission

8.

- 7. Gender Male Female
 - Date of Birth (mm/dd/yyyy) >
- 9. U.S. Social Security Number (*if any*)

Par	rt ?	Application Type		
1 a1	· 2.	I am a permanent resident or conditional resident of	2.e.	Country of Birth
		the United States, and I am applying for a reentry permit.	2.0.	
1.b.		I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.	2.f.	Country of Citizenship
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.	2.g.	Daytime Phone Number ()
1.d.		I am applying for an Advance Parole Document to	Phy	sical Address (If you checked box 1.f.)
		allow me to return to the United States after temporary foreign travel.	2.h.	In Care of Name
1.e.		I am outside the United States, and I am applying for an Advance Parole Document.	2.i.	Street Number and Name
1.f.		I am applying for an Advance Parole Document for a person who is outside the United States.	2.j.	Apt. Ste. Flr.
		ecked box "1.f." provide the following information t person in 2.a. through 2.p.	2.k.	City or Town
2.a.		nily Name	2.1.	State 2.m. ZIP Code
2.b.	,	st Name)	2.n.	Postal Code
	,	rst Name)	2.0.	Province
2.c.	Mic	idle Name	2.р.	Country
2.d.	Dat	e of Birth $(mm/dd/yyyy)$		
Par	t 3.	Processing Information		
1.	Dat	e of Intended Departure (mm/dd/yyyy) ►	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):
2.	Exp	bected Length of Trip (in days)		Yes No
3.a.	in e	you, or any person included in this application, now exclusion, deportation, removal, or rescission ceedings?		Date Issued (mm/dd/yyyy) Disposition (attached, lost, etc.):
3.b.	If "	Yes", Name of DHS office:		

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? (<i>Check one</i>) 5.	10.a. In Care of Name
2.i.) of this form.	10.b. Street Number and Name
 6. To a U.S. Embassy or consulate at: 6.a. City or Town 	10.c. Apt. Ste. Flr.
6.b. Country	10.d. City or Town
7. To a DHS office overseas at:	10.e. State 10.f. ZIP Code
7.a. City or Town	10.g. Postal Code
7.b. Country	10.h. Province
If you checked "6" or "7", where should the notice to pick up the travel document be sent?	10.i. Country
8. To the address shown in Part 2 (2.h. through 2.p.) of this form.	10.j. Daytime Phone Number ()
9. To the address shown in Part 3 (10.a. through 10.i.) of this form.:	
Part 4. Information About Your Proposed Travel	
1.a. Purpose of trip. (<i>If you need more space, continue on a separate sheet of paper.</i>)	1.b. List the countries you intend to visit. (<i>If you need more space, continue on a separate sheet of paper.</i>)
Part 5. Complete Only If Applying for a Re-entry Po	ermit
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?	 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

less than 6 months 1.a. 1.b.

6 months to 1 year

1.c. 1 to 2 years

- **1.d.** 2 to 3 years 3 to 4 years 1.e.
- **1.f.** more than 4 years
- 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 A	nnlving	for a R	efngee	Travel I	Document
$\mathbf{I} \mathbf{a} \mathbf{I} \mathbf{U} \mathbf{U}$	Complete		ppiying.	iui a n	ciugee	Ilavell	Jocument

3.c. Applied for and/or received any benefit from such country 1. Country from which you are a refugee or asylee: (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 Since you were accorded refugee/asylee status, have you, by Name and A-Number on the top of each sheet. any legal procedure or voluntary act: 2. Do you plan to travel to the country Yes No 4.a. Reacquired the nationality of the named above? Yes No country named above? Since you were accorded refugee/asylee status, have you ever: **4.b.** Acquired a new nationality? No Yes Returned to the country named Been granted refugee or asylee status 3.a. **4.c.** Yes No Yes No above? in any other country? **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.)*

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

One Trip More than one trip

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.

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.

e	
4.a.	In Care of Name
4.b.	Street Number and Name
4.c.	Apt. Ste. Flr.
4.d.	City or Town
4.e.	State 4.f. ZIP Code
4. g.	Postal Code
4.h.	Province
4.i .	Country
4.j.	Daytime Phone Number (

Par	t 8. Biographic Information for the Person Who V	Vill F	Receive the Document
1.	Ethnicity (Select only one box)	4.	Weight Pounds
	 Hispanic or Latino Not Hispanic or Latino 	5.	Eye Color (Select only one box)
2.	Race (Select all applicable boxes)		Gray Green Hazel Maroon Pink Unknown/Other
	Asian	6.	Hair Color (Select only one box)
3.	 Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Height Feet Inches 	1	Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 9. Signature of Applicant (*Read the information on penalties in the Form instructions before completing this Part.*) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Signature of Applicant

- **1.** Date of Signature (*mm/dd/yyyy*) ►
- **2.** Daytime Phone Number (

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

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	e (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.

