**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0013**

**05/13/2020**

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| **Reason for Revision:** Biometrics Rule  **Project Phase:** NPRM  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 04/30/2022  Edition Date 04/24/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **New** |  | [page 5]  **Part 8. Biographic Information for the Person Who Will Receive the Document**   1. Ethnicity (Select **only one** box)   Hispanic or Latino  Not Hispanic or Latino   1. Race (Select **all applicable** boxes)   American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White   1. Height   Feet  Inches   1. Weight   Pounds   1. Eye Color (Select **only one** box)   Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other  **6.**  Hair Color (Select **only one** box)  Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other |
| **Page 5,**  **Part 8. Signature of Applicant** | **[page 5]**  **Part 8. 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.  [new]  **1.a.** I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is 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 that I am seeking.  Signature of Applicant  **1.b.** 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, you application may be denied. | **[page 5]**  **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.  **[deleted]**  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, you application may be denied. |
| **Page 5,**  **Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant** | **[page 5]**  **Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant**  **…** | **[page 5]**  **Part 10. Information About Person Who Prepared This Application, If Other Than the Applicant**  **…** |