

DEPARTMENT OF HOMELAND SECURITY  
**FAMILY REUNIFICATION TRAVEL QUESTIONNAIRE**

Traveler First Name		Traveler Middle Name		Traveler Last (Family) Name	
Date of Birth	Gender		A Number		
Passport Number		Country Passport Issued		Issued Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
Traveler Phone Number <input type="checkbox"/> Phone works in U.S.			Traveler Email Address (if available)		
Language(s) Spoken			Attorney / NGO Name and Contact Information (Phone and/or email)		

**TRAVEL DOCUMENTS**

**All travel documents are required (pending home country requirements) prior to booking and traveling to the United States. The below listed items must be met or completed before travel arrangements will be completed.**

- I-131 Form Submitted and Parole Request Granted
- Home Country Exit Travel Documents (e.g. Passport) Completed
- Single Parent Travel Documents (**if applicable**)
- US Embassy/Consulate Appointment: (Fingerprint Collection, Identity Interview, Travel Foil applied in Passport)
  - Appointment Drop off Date of the Passport: \_\_\_\_\_
  - Anticipated Pickup Date: \_\_\_\_\_
- Completed COVID-19 Pre-travel Testing (only negative test results will be accepted for travel purposes)

**TRAVEL INFORMATION**

Departure Airport Location (City, Country)		Final Airport Destination Location (or Airport Region)	
Intended U.S. Address			
Travelers Requested Time Frame for Travel Itinerary			
Email to receive Electronic Itinerary		Number of Planned Checked Bags	

Full Names, Date of Birth, and Country of Citizenship of others in your traveling party for coordination of Travel Itinerary

**SPECIAL ASSISTANCE REQUEST (Check all that apply)**

<input type="checkbox"/> Transportation and Lodging Assistance <ul style="list-style-type: none"> <li><input type="checkbox"/> Hotel in home country (prior to flight) Number of hotel nights required: _____</li> <li><input type="checkbox"/> Transportation to airport in home country Mode of transportation to be used: _____</li> </ul> <input type="checkbox"/> Special Needs Assistance (e.g., Wheelchair)	<input type="checkbox"/> Coordination of In-Transit Support (Further coordination and confirmation is required). Please explain assistance requested: _____
<input type="checkbox"/> Traveling with an Infant/Infant Care (Car Seat, Nursing Room, Stroller)	<input type="checkbox"/> Reunification Assistance at Airport (Private Room, Escort)
<input type="checkbox"/> Pre-arranged non-government Escort (attorney, non-government organization, etc.)	<input type="checkbox"/> Notification of Expected Media Engagement (upon arrival)
	<input type="checkbox"/> Additional Notes: