



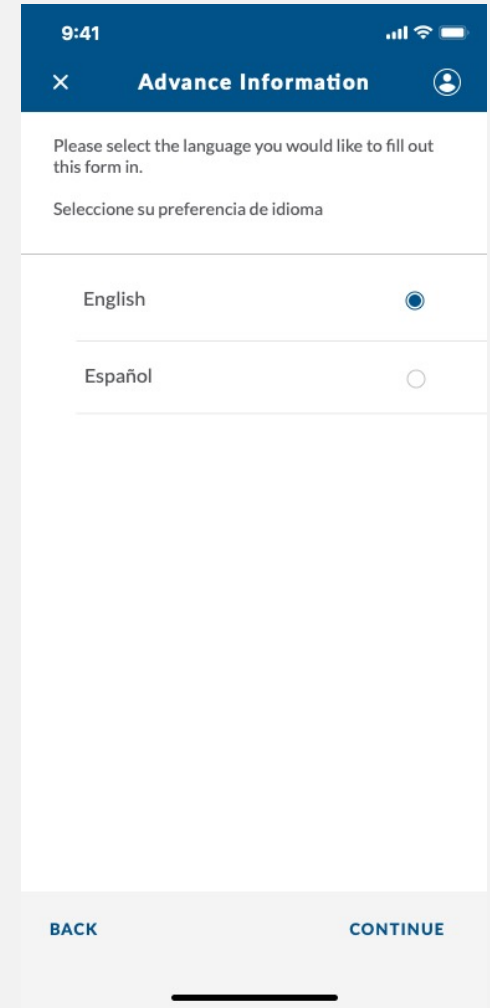
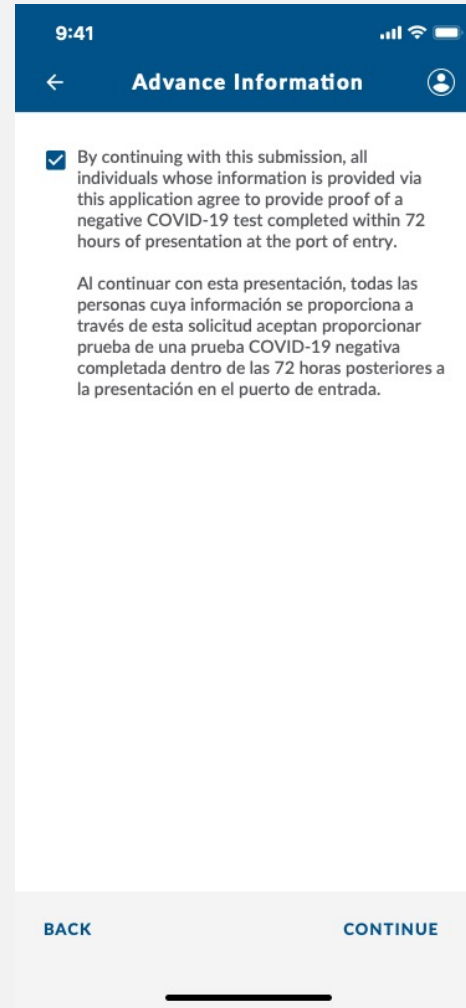
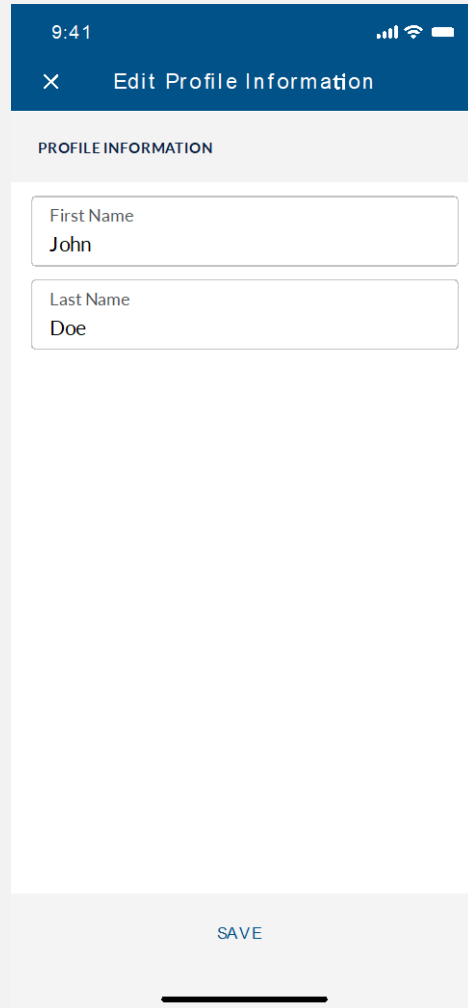
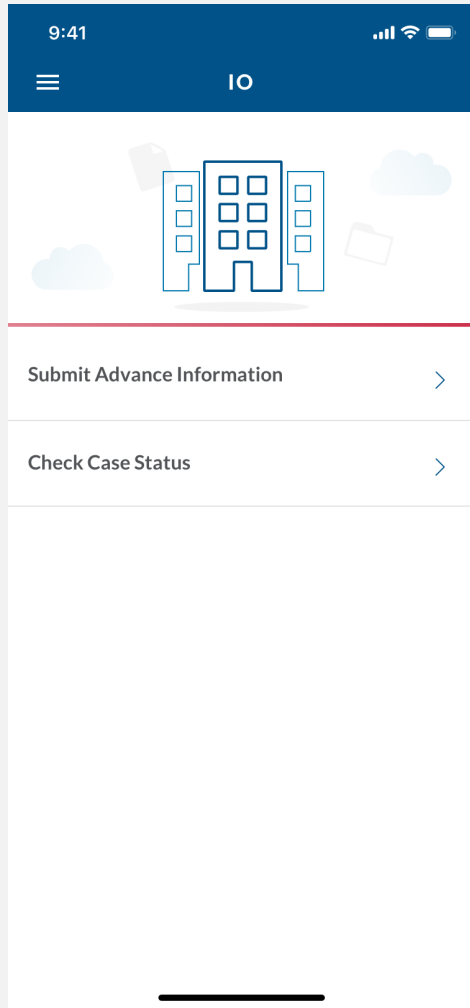
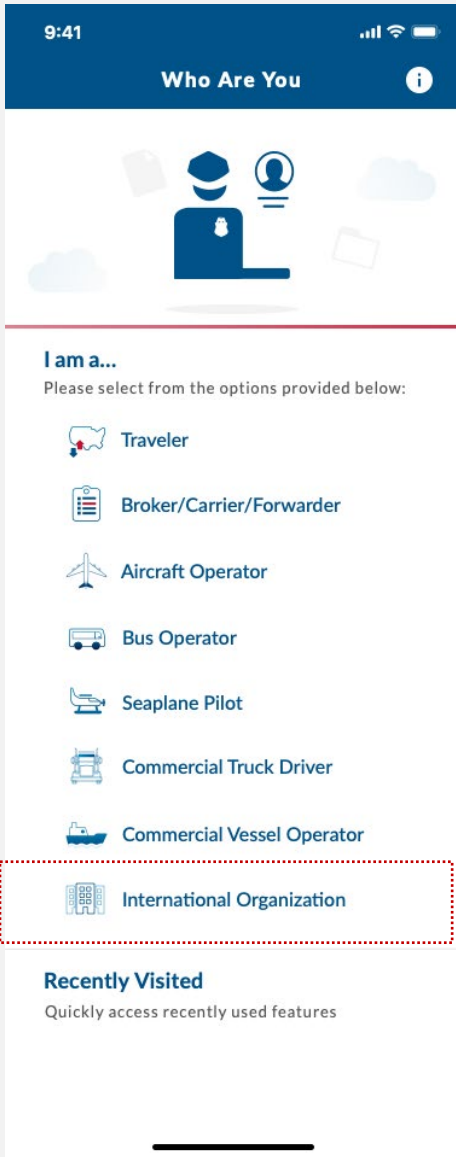
CBP OneTM

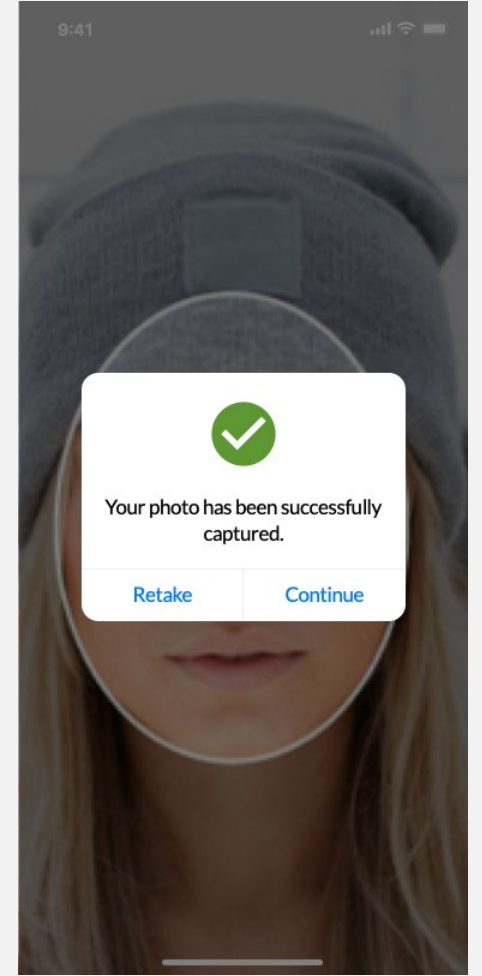
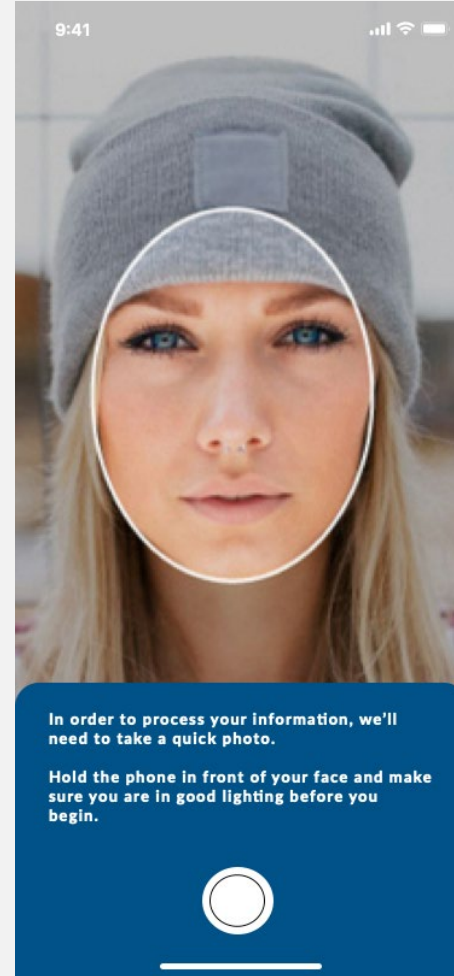
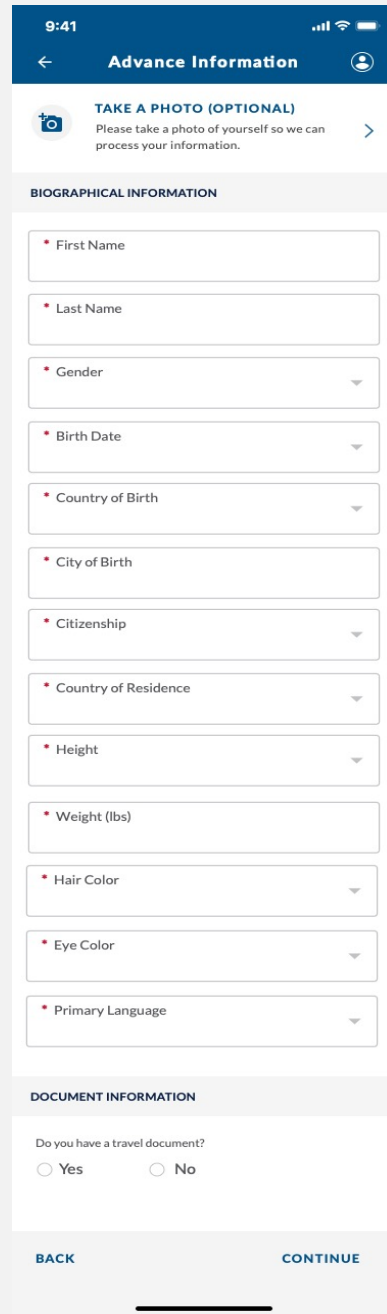
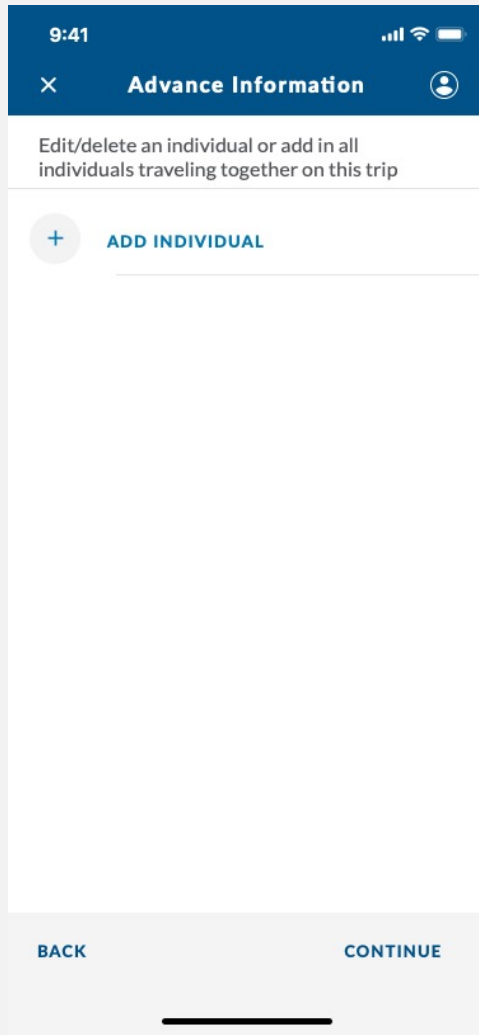
Submit Advance Information



**U.S. Customs and
Border Protection**

CBP One – IO > Submit Advance Information





CBP One – Submit Advance Information Continued

9:41 Advance Information

RETAKE PHOTO (OPTIONAL)
Retake a photo of yourself, if needed.

BIOGRAPHICAL INFORMATION

* First Name
Angela

* Last Name
Lopez

* Gender
Female

* Birth Date
August 22, 1992

* Country of Birth
Guatemala

* City of Birth
Example

* Citizenship
Mexico

* Country of Residence
Mexico

* Height (ft)
5 ft 2 inches

* Weight (lbs)
120

* Hair Color
Blonde

* Eye Color
Brown

* Primary Language
English

DOCUMENT INFORMATION

Do you have a travel document?
 Yes No

* Type of Document
Passport

* Document Number
1234567

* Country of Issuance
Mexico

Issue Date
20 December 2012

Expiration Date
21 December 2022

BACK CONTINUE

9:41 Advance Information

CONTACT INFORMATION

Email Address
angela.lopez@gmail.com

Phone Number
MX +52 724-561-9876

Phone Type
Cell

EMPLOYMENT INFORMATION

Are you employed?
 Yes No

Occupation
Teacher

Employer
School

Phone Number
MX +52 123-888-9876

Country
Mexico

City
Mexico City

TRAVEL HISTORY

Have you traveled to another country in the last year?
 Yes No

From Date
23 March 2020

To Date
28 March 2020

Country traveled to
Guatemala

I have another trip to enter

BACK CONTINUE

9:41 Advance Information

Enter family information below

* Marital Status
Widowed

FATHER

Is your father alive?
 Yes No

First Name
John

Last Name
Sanchez

Middle Name

Country of Birth
Guatemala

Citizenship
Mexico

MOTHER

Is your mother alive?
 Yes No

First Name
Ana

Last Name
Sanchez

Middle Name

Country of Birth
Guatemala

Citizenship
Mexico

BACK CONTINUE

CBP One – Submit Advance Information

9:41

× Advance Information

Edit/delete an individual or add in all individuals traveling together on this trip

+ ADD INDIVIDUAL

J Angela Lopez
Passport #3413480

BACK CONTINUE

9:41

← Advance Information

TAKE A PHOTO
Please take a photo of yourself so we can process your information.

BIOGRAPHICAL INFORMATION

* First Name
Santiago

* Last Name
Lopez

* Gender
Male

* Birth Date
2008 September 20

* Country of Birth
Mexico

* City of Birth
Mexico City

* Citizenship
Mexico

* Country of Residence
Mexico

* Height (ft)
4 ft 8 inches

* Weight (lbs)
80

* Hair Color
Brown

* Eye Color
Brown

* Primary Language
English

DOCUMENT INFORMATION

Do you have a travel document?
 Yes No

BACK CONTINUE

9:41

← Advance Information

CONTACT INFORMATION

Email Address

Phone Number
US +1

Phone Type

EMPLOYMENT INFORMATION

Are you employed?
 Yes No

TRAVEL INFORMATION

Have you traveled to another country in the last year?
 Yes No

From Date
23 March 2020

To Date
28 March 2020

Country traveled to
Guatemala

I have another trip to enter

BACK CONTINUE

9:41

← Advance Information

CONTACT INFORMATION

Email Address

Phone Number
US +1

Phone Type

EMPLOYMENT INFORMATION

Are you employed?
 Yes No

TRAVEL INFORMATION

Have you traveled to another country in the last year?
 Yes No

From Date
23 March 2020

To Date
28 March 2020

Country traveled to
Guatemala REMOVE TRIP

From Date
23 June 2020

To Date
30 June 2020

Country traveled to
France

I have another trip to enter REMOVE TRIP

BACK CONTINUE

9:41

← Advance Information

Enter family information below

* Marital Status
Single

FATHER

Is your father alive?
 Yes No

MOTHER

Is your mother alive?
 Yes No

First Name
Angela

Last Name
Lopez

Middle Name

Country of Birth
Guatemala

Citizenship
Mexico

BACK CONTINUE

9:41

Advance Information

Edit/delete an individual or add in all individuals traveling together on this trip

+ ADD INDIVIDUAL

J Angela Lopez
Passport #3413480

S Santiago Lopez
No Travel Document

BACK CONTINUE



9:41

Advance Information

Edit/delete an individual or add in all individuals traveling together on this trip

+ ADD INDIVIDUAL

J Angela Lopez
Passport #3413480

S Santiago Lopez
No Travel Document

Edit Individual

Remove Individual

Cancel

BACK CONTINUE

9:41

Advance Information

Please fill out the address in the USA where you will arrive and reside

USA ADDRESS INFORMATION

I don't have one

Address 1
470 N Thomas St

Address 2
Apt 417

City
Arlington

State
Virginia

Zip Code
22203

Phone Number
US +1 724-561-9876

Phone Type
Cell

EMERGENCY USA CONTACT INFORMATION

First Name
Roger

Last Name
Smith

Phone Number
US +1 724-561-9876

Phone Type
Home

Address 1
20 Orange St

Address 2
Building 2

Country
United States

City
Arlington

State
Virginia

Zip Code
22203

Address Type
Mailing Address

Description

BACK CONTINUE

9:41

Advance Information

Please fill out the address for where you lived before coming to the USA along with some additional information

PERMANENT ADDRESS ABROAD/FOREIGN

Address 1
123 Apple St

Address 2
Apt 343

Country
Mexico

City
Guadalupe

Zip Code
123456

ADDITIONAL INFORMATION

* Requested Port of Entry
San Ysidro

* Requested Date of Entry
23 May 2021

* Remarks Regarding Title 42 Exception
Example remarks

* Additional Remarks

BACK CONTINUE

CBP One – Submit Advance Information

