## **Application for Travel Document**



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

<b>D</b> : (		
For     Receipt       USCIS     Use       Only     Image: Construction of the second seco	Action Block	To Be Completed by an <i>Attorney/</i> <i>Representative</i> , if any.
Document Hand Delivered By: Date:/	KAFI	Fill in box if G-28 is attached to represent the applicant.
Document Issued            □ Re-entry Permit (Update "Mail To" Section)         □ Single Advance Parole          □ Refugee Travel Document (Update "Mail To" Section)         □ Single Advance Parole            □ Single Advance Parole          □ Multiple Advance Parole	Mail To       □ Address in Part 1         (Re-entry &       □ US Consulate at:         Refugee       Only)       □ 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	
1.b. Given Name (First Name)	3. Alien Registration Number (A	-Number)
1.c. Middle Name	► A-	
Physical Address (USPS ZIP Code	4. Country of Birth	
2.a. In Care of Name	5. Country of Citizenship	
2.b. Street Number and Name	6. Class of Admission	
<b>2.c.</b> Apt. Ste. Flr.		
2.d. City or Town	7. Gender Male Femal	e
2.e. State 2.f. ZIP Code	<b>8.</b> Date of Birth ( <i>mm/dd/yyyy</i>	
2.g. Postal Code	9. U.S. Social Security Number (	if any)
2.h. Province		
2.i. Country		

Par	rt 2.	Application Type		
<b>1.a.</b>		I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.	2.e.	Country of Birth
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 allow me to return to the United States after temporary foreign travel.		sical Address (If you checked box 1.f.) 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
	(La	nily Name st Name	2.l. 2.n.	State 2.m. ZIP Code Postal Code
2.b.	(Fii	ren Name rst Name)	2.0.	Province
2.c.		idle Name	<b>2.p.</b>	Country
		te of Birth (mm/dd/yyyy) ►		$\gamma\gamma\gamma\gamma$
Part 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.	Are	you, or any person included in this application, now	<b>4.b.</b>	Date Issued (mm/dd/yyyy) ►
in e		exclusion, deportation, removal, or rescission oceedings? Yes No		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)	
<ul> <li>Where do you want this travel document sent? (<i>Check one</i>)</li> <li>5.  <ul> <li>To the U.S. address shown in Part 1 (2.a through 2.i.) of this form.</li> </ul> </li> <li>6.  <ul> <li>To a U.S. Embassy or consulate at:</li> </ul> </li> <li>6.a. City or Town </li> <li>6.b. Country </li> <li>7.  <ul> <li>To a DHS office overseas at:</li> </ul> </li> </ul>	10.a. In Care of Name         10.b. Street Number and Name         10.c. Apt.       Ste.         10.d. City or Town         10.e. State       10.f. ZIP Code
<ul> <li>7.a. City or Town</li> <li>7.b. Country</li> <li>If you checked "6" or "7", where should the notice to pick up the travel document be sent?</li> <li>8.  <ul> <li>To the address shown in Part 2 (2.h. through 2.p.) of this form.</li> </ul> </li> <li>9.  <ul> <li>To the address shown in Part 3 (10.a. through 10.i.)</li> </ul> </li> </ul>	10.g. Postal Code         10.h. Province         10.i. Country         10.j. Daytime Phone Number ( )
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> )	<b>1.b.</b> List the countries you intend to visit. ( <i>If you need more space, continue on a separate sheet of paper.</i> )
<b>Part 5. Complete Only If Applying for a Re-entry Per</b> Since becoming a permanent resident of the United States (or	<ul><li>2. Since you became a permanent resident of the United</li></ul>

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.d.	
1.b.	6 months to 1 year	<b>1.e.</b>	
4		1.0	

	· · · · · · · · · · · · · · · · · · ·
1.c.	1 to 2 years

- 2 to 3 years
- 3 to 4 years
  - **1.f.** more than 4 years
- 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)?
	ou answer "Yes" to any of the following questions, you			Yes No
	t explain on a separate sheet of paper. Include your he and A-Number on the top of each sheet.			e you were accorded refugee/asylee status, have you, by egal procedure or voluntary act:
2.	Do you plan to travel to the country Yes No named above?		<b>4.</b> a.	Reacquired the nationality of the Yes No country named above?
Sinc	e you were accorded refugee/asylee status, have you ever:		4.b.	Acquired a new nationality?
<b>3.</b> a.	Returned to the country named Yes No above?		4.c.	Been granted refugee or asylee status Yes No in any other country?
3.b.	Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?		F	FOR
Par	rt 7. Complete Only If Applying for Advance P	aro	le	
Adv: issua	A separate sheet of paper, explain how you qualify for an ance Parole Document, and what circumstances warrant ance of advance parole. Include copies of any documents wish considered. <i>(See instructions.)</i> How many trips do you intend to use this document?		4.a. 4.b. 4.c.	In Care of Name Street Number and Name Apt.  Ste.  Flr.
is ou and over	e person intended to receive an Advance Parole Document ttside the United States, provide the location (City or Town Country) of the U.S. Embassy or consulate or the DHS seas office that you want us to notify. City or Town		4.e.	City or Town State 4.f. ZIP Code Postal Code
			4.h.	Province
	Country e travel document will be delivered to an overseas office,		4.i. 4.j.	Country Daytime Phone Number ( )
when <b>3.</b>	<ul> <li>To the address shown in Part 2 (2.h. through 2.p.) of this form.</li> </ul>			

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

Par		on penalties in the Form instructions before completing or Refugee Travel Document, you must be in the United States
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 I am seeking. Signature of Applicant	<ul> <li>1.b. Date of Signature (<i>mm/dd/yyyy</i>) ►</li> <li>2. Daytime Phone Number ( )</li> <li>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.</li> </ul>
Pa	rt 9. Information About Person Who Prepared	This Application, If Other Than the Applicant
subn as A appli	<b>TE:</b> If you are an attorney or representative, you must hit a completed Form G-28, Notice of Entry of Appearance ttorney or Accredited Representative, along with this acation.	Preparer's Contact Information         4. Preparer's Daytime Phone Number         ())
Pre	parer's Full Name	
	ide the following information concerning the preparer: Preparer's Family Name ( <i>Last Name</i> )	5. Preparer's E-mail Address ( <i>if any</i> ) Declaration
1.b. 2.	Preparer's Given Name (First Name) Preparer's Business or Organization Name	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.
Pre	parer's Mailing Address	6.a. Signature of Preparer
<b>3.</b> a.	Street Number and Name	<b>6.b.</b> Date of Signature ( <i>mm/dd/yyyy</i> ) ►
3.c.	Apt.   Ste.   Flr.     City or Town	<b>NOTE:</b> 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.
3.f. 3.g.	Postal Code Province	
3.h.	Country	