

**TABLE OF CHANGES – FORM**  
**Form I-131, Application for Travel Documents, Parole Documents, and Arrival/Departure**  
**Records**  
**OMB Number: 1615-0013**  
**02/18/2025**

**Reason for Revision: Biological Sex**  
**Project Phase: OMBReview**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 06/30/2027

Baseline Edition Date 06/17/2024

New Edition Date 01/20/2025

Current Page Number and Section	Current Text	Proposed Text
<b>Pages 4-7, Part 2. Information About You</b>	<p>[Page 4]</p> <p><b>Part 2. Information About You</b></p> <p>...</p> <p>[Page 5]</p> <p><b>8. Gender</b>  Male  Female  Another Gender Identity  ...</p>	<p>[Page 4]</p> <p><b>Part 2. Information About You</b></p> <p>...</p> <p>[Page 5]</p> <p><b>8. Sex</b>  Male  Female  [delete]  ...</p>
<b>Pages 7-9, Part 4. Processing Information</b>	<p>[Page 7]</p> <p><b>Part 4. Processing Information</b></p> <p>...</p> <p>[Page 8]</p> <p><b>6.a.</b> If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.</p>	<p>[Page 7]</p> <p><b>Part 4. Processing Information</b></p> <p>...</p> <p>[Page 8]</p> <p><b>6.a.</b> If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.</p>

	<ul style="list-style-type: none"><li><input type="checkbox"/> Name</li><li><input type="checkbox"/> A-Number</li><li><input type="checkbox"/> Country of Birth/Citizenship</li><li><input type="checkbox"/> Terms and Conditions</li><li><input type="checkbox"/> Date of Birth</li><li><input type="checkbox"/> Gender</li><li><input type="checkbox"/> Validity Date</li><li><input type="checkbox"/> Photo</li><li>...</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Name</li><li><input type="checkbox"/> A-Number</li><li><input type="checkbox"/> Country of Birth/Citizenship</li><li><input type="checkbox"/> Terms and Conditions</li><li><input type="checkbox"/> Date of Birth</li><li><input type="checkbox"/> <b>Sex</b></li><li><input type="checkbox"/> Validity Date</li><li><input type="checkbox"/> Photo</li><li>...</li></ul>
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