Application for Travel Document

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

USCIS
Form I-131
OMB No. 1615-0013
Expires 12/31/2018

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney/ Representative,* if any.
	☐ **Document Hand Delivered** By: _____ Date: ____/____/____		☐ Fill in box if G-28 is attached to represent the applicant.
	Document Issued ☐ Re-entry Permit *(Update "Mail To" Section)* ☐ Refugee Travel Document *(Update "Mail To" Section)* ☐ Single Advance Parole ☐ Multiple Advance Parole *Valid Until:* ___/___/___	**Mail To** *(Re-entry & Refugee Only)* ☐ Address in *Part 1* ☐ US Consulate at: _____ ☐ 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)*

1.b. Given Name *(First Name)*

1.c. Middle Name

Physical Address

2.a. In Care of Name

2.b. Street Number and Name

2.c. Apt. ☐ Ste. ☐ Flr. ☐

2.d. City or Town

2.e. State **2.f.** ZIP Code

2.g. Postal Code

2.h. Province

2.i. Country

Other Information

3. Alien Registration Number (A-Number)

► **A-**

4. Country of Birth

5. Country of Citizenship

6. Class of Admission

7. Gender ☐ Male ☐ Female

8. Date of Birth *(mm/dd/yyyy)* ►

9. U.S. Social Security Number *(if any)*

►

Part 2. Application Type

1.a. ☐ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.

1.b. ☐ I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.

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.

1.d. ☐ I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.

1.e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.

1.f. ☐ I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

2.a. Family Name *(Last Name)*

2.b. Given Name *(First Name)*

2.c. Middle Name

2.d. Date of Birth *(mm/dd/yyyy)* ►

2.e. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number ( ) -

Physical Address (If you checked box 1.f.)

2.h. In Care of Name

2.i. Street Number and Name

2.j. Apt. ☐ Ste. ☐ Flr. ☐

2.k. City or Town

2.l. State **2.m.** ZIP Code

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing Information

1. Date of Intended Departure *(mm/dd/yyyy)* ►

2. Expected Length of Trip *(in days)*

3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☐ No

3.b. If "Yes", Name of DHS office:

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):* ☐ Yes ☐ No

4.b. Date Issued *(mm/dd/yyyy)* ►

4.c. Disposition *(attached, lost, etc.)*:

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)*

Where do you want this travel document sent? *(Check one)*

5. ☐ To the U.S. address shown in **Part 1 (2.a through 2.i.)** of this form.

6. ☐ To a U.S. Embassy or consulate at:

6.a. City or Town

6.b. Country

7. ☐ To a DHS office overseas at:

7.a. City or Town

7.b. Country

If you checked "6" or "7", where should the notice to pick up the travel document be sent?

8. ☐ To the address shown in **Part 2 (2.h. through 2.p.)** of this form.

9. ☐ To the address shown in **Part 3 (10.a. through 10.i.)** of this form.:

10.a. In Care of Name

10.b. Street Number and Name

10.c. Apt. ☐ Ste. ☐ Flr. ☐

10.d. City or Town

10.e. State **10.f.** ZIP Code

10.g. Postal Code

10.h. Province

10.i. Country

10.j. Daytime Phone Number ( ) -

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. *(If you need more space, continue on a separate sheet of paper.)*

1.b. List the countries you intend to visit. (*If you need more space, continue on a separate sheet of paper.)*

Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or 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.b. ☐ 6 months to 1 year
1.c. ☐ 1 to 2 years
1.d. ☐ 2 to 3 years
1.e. ☐ 3 to 4 years
1.f. ☐ more than 4 years

2. Since you became a permanent resident of the United 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:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country named above? ☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you ever:

3.a. Returned to the country named above? ☐ Yes ☐ No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country? ☐ Yes ☐ No

3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)? ☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above? ☐ Yes ☐ No

4.b. Acquired a new nationality? ☐ Yes ☐ No

4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. *(See instructions.)*

1. How many trips do you intend to use this document? ☐ One Trip ☐ More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

2.a. City or Town

2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. ☐ To the address shown in **Part 2 (2.h. through 2.p.)** of this form.

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

4.a. In Care of Name

4.b. Street Number and Name

4.c. Apt. ☐ Ste. ☐ Flr. ☐

4.d. City or Town

4.e. State **4.f.** ZIP Code

4.g. Postal Code

4.h. Province

4.i. Country

4.j. Daytime Phone Number ( ) -

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.

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

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, your application may be denied.

Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name *(Last Name)*

1.b. Preparer's Given Name *(First Name)*

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State **3.e.** ZIP Code

3.f. Postal Code

3.g. Province

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Phone Number ( ) - Extension

5. Preparer's E-mail Address *(if any)*

Declaration

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.

6.a. Signature of Preparer

6.b. Date of Signature *(mm/dd/yyyy)* ►

NOTE: 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.