

Application for Travel Document

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-131

OMB No. 1615-0013 Expires 04/30/2022

For USCI Use Only	S	Receipt		Action Block		To Be Completed by an Attorney/ Representative.
		Delivered Date: /// ocument Issued	-			Fill in box if G-28 is attached to represent the applicant.
"M	entry Permit (Uail To" Section) gle Advance Pa	pdate ☐ Refugee Travel Document (Update "Mail To" Section) role ☐ Multiple Advance Parole Valid Until:/_/	(Re-entry & DUS	ress in <i>Part 1</i> Consulate at: DHS Ofc at:		Attorney State License Number:
➤ Start Here. Type or Print in Black Ink. Answer all example, if you have never been married and the quest unless otherwise directed. If your answer to a question many children do you have?" or "How many times hadirected.			stion asks, "Providon which requires a	e the name of you numeric respons	ar current spous	se"), type or print "N/A" ne (for example, "How
Part	1. Informa	tion About You				
	Family Name (Last Name)		Phy	sical Address		(USPS ZIP Code Lookup)
	Given Name (First Name)		2.a.	In Care of Nam	e	
1.c.	Middle Name		2.b.	Street Number and Name		
			2.c.	Apt. Ste.	☐ Flr. ☐	
			2.d.	City or Town	50	
			2.e.	State	2.f. ZIP Cod	le
			2.g.	Postal Code		7
			2.h.	Province		

2.i. Country

Part 1. Information About You (continued)				
Other Information		6.	Class of Admission	
3.	Alien Registration Number (A-Number)			
<i>J</i> .		7.	Gender Male Female	
	► A-			
4.	Country of Birth	8.	Date of Birth (mm/dd/yyyy) ▶	
		9.	U.S. Social Security Number	
5.	Country of Citizenship		•	
Par	t 2. Application Type			
1.a.	I am a permanent resident or conditional resident of	2.e.	Country of Birth	
	the United States, and I am applying for a reentry permit.		1	
1.b.	☐ I now hold U.S. refugee or asylee status, and I am	2.f.	Country of Citizenship	
	applying for a Refugee Travel Document.			
1.c.	I am a permanent resident as a direct result of refugee		Daytime Phone Number () -	
	or asylee status, and I am applying for a Refugee Travel Document.	2.g.	Daytine Phone Number ()	
1.d.	☐ I am applying for an Advance Parole Document to	Phy	sical Address (If you checked box 1.f.)	
	allow me to return to the United States after		In Care of Name	
	temporary foreign travel.			
1.e.	I am outside the United States, and I am applying for an Advance Parole Document.	2.i.	Street Number	
1.f.	☐ I am applying for an Advance Parole Document for a		and Name	
	person who is outside the United States.	2.j.	Apt. Ste. Flr.	
	u checked box "1.f." provide the following information	2.k.	City or Town	
	t that person in 2.a. through 2.p.	21	Constant and Const	
2.a.	Family Name (Last Name)	2.1.	State 2.m. ZIP Code	
2.b.	Given Name	2.n.	Postal Code	
•	(First Name)	2.0.	Province	
2.c.	Middle Name			
2.d.	Date of Birth (mm/dd/yyyy) ▶	2.p.	Country	

Par	t 3. Processing Information	
1.	Date of Intended Departure (mm/dd/yyyy) ▶	8. To the address shown in Part 2 (2.h. through 2.p.) of this form.
2.	Expected Length of Trip (in days)	9.
3.a.	Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission	10.a. In Care of Name
3.b.	proceedings? Yes No If "Yes", Name of DHS office:	10.b. Street Number and Name 10.c. Apt. Ste. Flr.
4.a.	Have you ever before been issued a reentry permit or	10.d. City or Town
	Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):	10.e. State 10.f. ZIP Code
4 h	☐ Yes ☐ No Date Issued (mm/dd/yyyy) ▶	10.g. Postal Code 10.h. Province
4.c.	Disposition (attached, lost, etc.):	10.i. Country
Whe	re do you want this travel document sent? (Check one)	10.j. Daytime Phone Number () -
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. 6.b.	City or Town Country	
7.	☐ To a DHS office overseas at:	
7.a.	City or Town	
7.b.	Country	
•	u checked "6" or "7", where should the notice to pick up	

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.

Par	t 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.)
Par	t 5. Complete Only If Applying for a Re-entry	Permit	
durir	e becoming a permanent resident of the United States (or ag the past 5 years, whichever is less) how much total time you spent outside the United States? less than 6 months 1.d. 2 to 3 years 3 to 4 years 1 to 2 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
Par	et 6. Complete Only If Applying for a Refugee T	Travel D	ocument
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)?
TC	n anguan UV as U 4a ann af tha fallamina anasti na mar		Yes No
mus	u answer "Yes" to any of the following questions, you texplain on a separate sheet of paper. Include your 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 named above?	4.a.	Reacquired the nationality of the country named above?
Since	e you were accorded refugee/asylee status, have you ever:	4.b.	Acquired a new nationality? Yes No
3.a.	Returned to the country named 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?		
	☐ Yes ☐ No		

Par	rt 7. Complete Only If Applying for Advance Pare	ole		
	separate sheet of paper, explain how you qualify for an ance Parole Document, and what circumstances warrant	4.a.	In Care of Name	
issua	nce of advance parole. Include copies of any documents	41-	Command Name of Table 2	
•	wish considered. (See instructions.)	4.b.	Street Number and Name	
1.	How many trips do you intend to use this document? One Trip More than one trip	4.c.	Apt. Ste.	☐ Flr. ☐
	e person intended to receive an Advance Parole Document tside the United States, provide the location (City or Town Country) of the U.S. Embassy or consulate or the DHS	4.d.	City or Town	
and (4.e.	State 4	I.f. ZIP Code
over.	seas office that you want us to notify. City or Town	4.g.	Postal Code	
<i>∠</i> .a.	City of Town	4.h.	Province	
2.b.	Country	4.i.	Country	
	e travel document will be delivered to an overseas office, re should the notice to pick up the document be sent?:	4.j.	Daytime Phone N	Jumber () -
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.			
Par	rt 8. Signature of Applicant (Read the information on this Part.) If you are filing for a Re-entry Permit or 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	1.b.	Date of Signature	: (mm/dd/yyyy) ▶
	evidence submitted with it is all true and correct. I authorize the release of any information from my records	2.	Daytime Phone N	Number ()
	that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. Signature of Applicant		•	ompletely fill out this form or fail to ents listed in the instructions, your ied.
→	Signature of Applicant			

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. City or Town 3.e. ZIP Code

Preparer's	Contact	Inform	ation
rreparer s	Contact	ınjorm	auon

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.



State

Postal Code

Province

3.h. Country

3.d.

3.f.

3.g.