TABLE OF CHANGES – FORM Form I-131, Application for Travel Document OMB Number: 1615-0013 12/23/2020

Reason for Revision: Project Phase: 60-Day FRN.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 04/30/2022 Edition Date 04/24/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1,	[Page 1]	[Page 1]
For USCIS Use Only	For USCIS Use Only Action BlockTo Be Completed by an Attorney/ Representative, if any.ReceiptFill in box if G-28 is attached to represent the applicant.Document Hand DeliveredBy: 	For USCIS Use Only Action Block To Be Completed by an Attorney/ Representative, if any. Receipt Fill in box if G-28 is attached to represent the applicant. Document Hand Delivered By: Date: / / / /
	Document Issued Re-entry Permit (Update "Mail To" Section) Refugee Travel Document (Update "Mail To" Section) Single Advance Parole Multiple Advance Parole Valid Until: / / /	Document Issued Reentry Permit (Update "Mail To" Section) Refugee Travel Document (Update "Mail To" Section) Single Advance Parole Multiple Advance Parole Valid Until: / / /
	Mail To (<i>Re-entry & Refugee Only</i>) Address in Part 1 US Consulate at: Intl DHS Ofc at:	Mail To (<i>Reentry Permit and Refugee Travel</i> <i>Document Only</i>) Address in Part 1 U.S. Consulate at: [Deleted]
	Attorney State License Number:	Attorney State License Number:
	Start Here. Type or Print in Black Ink	Start Here. Type or Print in Black Ink
Page 1,	[Page 1]	[Page 1]
Part 1. Information About You	Part 1. Information About You	Part 1. Information About You
	1.a. Family Name (Last Name)1.b. Given Name (First Name)1.c. Middle Name	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 	 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. Province 2.h. Postal Code 2.i. Country
	Other Information	Other Information
:	3. Alien Registration Number (A-Number)	3. Alien Registration Number (A-Number)
	4. Country of Birth	4. Country of Birth
	5. Country of Citizenship	5. Country of Citizenship
	6. Class of Admission	6. Class of Admission
	7. Gender Male Female	7. Gender Male Female
	8. Date of Birth (mm/dd/yyyy)	8. Date of Birth (mm/dd/yyyy)
	9. U.S. Social Security Number (if any)	9. U.S. Social Security Number (if any)
	[New]	10. USCIS Online Account Number
Page 2,	[Page 2]	[Page 2]
Part 2. Application	Part 2. Application Type	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.a. I am a lawful 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.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.c. I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
	[New]	1.d. I have been granted Temporary Protected Status (TPS) or I have a pending initial application for TPS and am applying for travel authorization.
	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 in the United States and am applying for an Advance Parole Document to facilitate my 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 outside the United States, and I am applying for an Advance Parole Document or am requesting reparole to extend time approved on my initial parole granted when I applied from outside the United States.

	1.f. I am applying for an Advance Parole Document for a person who is outside the United States.	1.g. 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.	If you selected Item Number " 1.g. " provide the following information about that person in Item Numbers 2.a. through 2.p.
	2.a. Family Name (Last Name)2.b. Given Name (First Name)2.c. Middle Name	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.d. Date of Birth (mm/dd/yyyy)
	2.e. Country of Birth	2.e. Country of Birth
	2.f. Country of Citizenship	2.f. Country of Citizenship
	2.g. Daytime Phone Number	2.g. Daytime Phone Number
	Physical Address (If you checked box 1.f.)	Physical Address (If you selected Item Number 1.g.)
	 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 	 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. Province 2.o. Postal Code 2.p. Country
Page 2-3,	[Page 2]	[Page 2]
Part 3. Processing Information	Part 3. Processing Information	Part 3. Processing Information
	1. Date of Intended Departure (mm/dd/yyyy)	1. Date of Intended Departure (mm/dd/yyyy)
	2. Expected Length of Trip (in days)	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.a. Are you, or is any alien included in this application, now in exclusion, deportation, removal, or rescission proceedings? Yes No
	3.b. If "Yes", Name of DHS office:	3.b. If you selected "yes," what is the name of the DHS office?
	 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.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	the 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

	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.	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.
	[Page 3]	[Page 3]
	Where do you want this travel document sent? (Check one)	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.	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. To a U.S. Embassy or Consulate at:
	6.a. City or Town	6.a. City or Town
	6.b. Country	6.b. Country
	7. To a DHS office overseas at:	[Deleted]
	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?	If you are requesting the travel document be sent to a U.S. Embassy or Consulate, where do you want us to send the notification that the travel document is ready to be picked up at the U.S. Embassy or Consulate to be sent?
	8. To the address shown in Part 2 (2.h. through 2.p.) of this form.	7. To the address shown in Part 1 (2.a. through 2.i.) of this form.
	9. To the address shown in Part 3 (10.a. through 10.i.) of this form.:	8. To the address shown in Part 3 (9.a. through 9.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 	 9.a. In Care of Name (if any) 9.b. Street Number and Name 9.c. Apt./Ste./Flr. 9.d. City or Town 9.e. State 9.f. ZIP Code 9.g. Postal Code 9.h. Province 9.i. Country 9.j. Daytime Phone Number
Page 3, Deat 4. Lafarmation	[Page 3]	[Page 3]
Part 4. Information About Your Proposed Travel	Part 4. Information About Your Proposed Travel	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.a. Purpose of trip. (If you need extra space to complete this section, use the space provided in Part 11. Additional Information .)
		1.b. List the countries you intend to visit. (If you need extra space to complete this section,

	1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)	use the space provided in Part 11. Additional Information .)
Page 3,	[Page 3]	[Page 3]
Part 5. Complete Only If Applying for a Re- entry Permit	Part 5. Complete Only If Applying for a Re- entry Permit	Part 5. Complete Only If Applying for a Reentry 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?	During the past 5 years how much total time have you spent outside the United States?
	1.a. less than 6 months	1.a. Less than 6 months
	1.b. 6 months to 1 year	1.b. 6 months to 1 year
	1.c. 1 to 2 years	1.c. 1 to 2 years
	1.d. 2 to 3 years	1.d. 2 to 3 years
	1.e. 3 to 4 years	1.e. 3 to 4 years
	1.f. more than 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? (<i>If</i> "Yes" give details on a separate sheet of paper.) Yes No	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," use the space provided in Part 11. Additional Information to explain.) Yes No
Page 4,	[Page 4]	[Page 4]
Part 6. Complete Only If Applying for a Refugee Travel	Part 6. Complete Only If Applying for a Refugee Travel Document	Part 6. Complete Only If Applying for a Refugee Travel Document
Document	1. Country from which you are a refugee or asylee:	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.	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	2. Do you plan to travel to the country named above? Yes No
	Since you were accorded refugee/asylee status, have you ever:	Since you were granted refugee/asylee status, have you ever:
	3.a. Returned to the country named above? Yes No	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 [New] 	 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from that country? Yes No 3.c. Applied for and/or received any benefit from that country (for example, health insurance benefits)? Yes No Since you were granted 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 5. Are you filing for a Refugee Travel Document before departing the United States? Yes No If you answered "Yes" to Item Number 5., because you are filing for a Refugee Travel Document before departing the United States, you may skip Item Numbers 6 6.b. If you answered "No" to Item Number 5., you must answer Item Numbers 6 6.b. 6. Are you currently outside the United States? Yes No 5. Are you currently outside the United States? Yes No
Page 4		traveled to since leaving the United States?
Page 4, Part 7 Complete Only	[Page 4]	[Page 4]
Part 7. Complete Only If Applying for Advanced Parole	Part 7. Complete Only If Applying for Advance Parole	Part 7. Complete Only If Applying for an Advance Parole Document
	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.)	On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant us issuing an Advance Parole Document to you. Include copies of any documents you wish us to consider. (See instructions.)

	 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. a. City or Town b. Country If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?: To the address shown in Part 2 (2.h. through 2.p.) of this form. To the address shown in Part 7 (4.a. through 4.i.) of this form. a. In Care of Name b. Street Number and Name c. Apt/Ste./Flr. City or Town State ZIP Code Postal Code Province 	 How many trips do you intend to use this document? One trip More than one trip If the alien intending 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 that you want us to notify. a. City or Town b. Country If the Advance Parole Document will be delivered to a U.S. Embassy or Consulate, where should we send the notice to pick up the document? To the address shown in Part 2 (2.h. through 2.p.) of this form. To the address shown in Part 7 (4.a. through 4.i.) of this form. In Care of Name Street Number and Name C. Apt./Ste./Flr. City or Town State TZIP Code Province Postal Code
	4.i. Country4.j. Daytime Phone Number	4.i. Country4.j. Daytime Phone Number4.k. Email Address
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Part 8. Signature of Applicant	Part 8. Signature of Applicant (<i>Read the information on penalties in the Form instructions before completing this Part.</i>) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.	Part 8. Applicant's Statement, Contact Information, Certification, and Signature Read the information on penalties in the form Instructions before completing this Part. If you are filing for a reentry permit, you must be in the United States to file this application. If you are filing for a Refugee Travel Document, you must be in the United States to file this application unless USCIS decides, in its discretion, to accept your application filed from overseas.
	[New]	Applicant's Statement
		NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
		1.a. I can read and understand English, and I have read and understand every question and

Signature of Applicant	Applicant's Signature
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.	I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understood all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.
	3) All of this information was complete, true, and correct at the time of filing.
	2) I understood all of the information contained in, and submitted with, my application; and
	1) I reviewed and provided or authorized all of the information in my application;
	I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:
	I furthermore authorize release of the information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.
	Applicant's Certification Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.
	 Applicant's Contact Information 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)
	2. At my request, the preparer named in Part 10., [Fillable Field], prepared this application for me based only upon information I provided or authorized.
	1.b. The interpreter named in Part 9. read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.
	instruction on this application and my answer to every question.

	 Date of Signature (mm/dd/yyyy) 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. 	 6.a. Applicant's signature 6.b. Date of Signature (mm/dd/yyyy) NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, USCIS may deny your application.
	denied. [New]	 instructions, USCIS may deny your application. Part 9. Interpreter's Contact Information, Certification, and Signature Provide the following information about the interpreter. Interpreter's Full Name I.a. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Mailing Address a. Street Number and Name b. Apt./Ste./Fir. Number c. City or Town d. State e. ZIP Code f. Province g. Postal Code h. Country Interpreter's Contact Information Interpreter's Mobile Telephone Number Interpreter's Certification certify, under penalty of perjury, that: an fluent in English and [Fillable Field], which is the same language specified in Part 8., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification, and has verified the accuracy of every answer.
Page 5, Part 9. Information About Person Who	[Page 5] Part 9. Information About Person Who	7.b. Date of Signature (mm/dd/yyyy)Part 10. Contact Information, Declaration,
About Person who Prepared This Application, If Other Than the Applicant	Prepared This Application, If Other Than the Applicant NOTE: If you are an attorney or representative, you must submit a completed Form G-28,	and Signature of the Person Preparing this Application, If Other Than the Applicant [deleted]

Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.	
	Provide the following information about the preparer.
Preparer's Full Name	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 	 1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)
Preparer's Mailing Address	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 	 3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country
Preparer's Contact Information	Preparer's Contact Information
 Preparer's Daytime Phone Number Preparer's E-mail Address (if any) 	 Preparer's Daytime Phone Number Preparer's Mobile Telephone Number (if any) Preparer's E-mail Address (if any)
Declaration	[Deleted]
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.	
[new]	Preparer's Statement7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
	7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this application.
	NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside

	the Geographical Confines of the United States, with this application. Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application including the Applicant's Certification , and that all of this
 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. 	 information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use. Preparer's Signature 8.a. Signature of Preparer 8.b. Date of Signature (mm/dd/yyyy) [deleted]
	Part 11. Additional InformationIf you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.1.a. Family Name (Last Name) [Auto-populated field] 1.b. Given Name (First Name) [Auto-populated field] 1.c. Middle Name [Auto-populated field]2. A-Number (if any) [Auto-populated field] 3.a. Page Number 3.b. Part Number 3.d. [Fillable field]4.a. Page Number 4.d. [Fillable field]5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]

 6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]
 7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]]