



# 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

<b>For USCIS Use Only</b>	<b>Receipt</b>	<b>Action Block</b>	<b>To Be Completed by an Attorney/ Representative, if any.</b>  <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.  Attorney State License Number: _____
	<input type="checkbox"/> <b>Document Hand Delivered</b>  By: _____ Date: ____/____/____  <b>Document Issued</b> <input type="checkbox"/> <b>Reentry</b> Permit (Update "Mail To" Section) <input type="checkbox"/> Refugee Travel Document (Update "Mail To" Section) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid Until: ____/____/____  <b>Mail To</b> (Reentry Permit and Refugee Travel Document Only) <input type="checkbox"/> Address in Part 1 <input type="checkbox"/> U.S. Consulate at: _____		

► **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

(USPS ZIP Code Lookup)

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

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) \_\_\_\_\_  
10. USCIS Online Account Number (if any) \_\_\_\_\_

## Part 2. Application Type

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.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.  
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.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.

## Part 2. Application Type (continued)

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

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.d.** Date of Birth (mm/dd/yyyy)

**2.e.** Country of Birth

**2.f.** Country of Citizenship

**2.g.** Daytime Telephone Number

### 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.** Province

**2.o.** Postal Code

**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 is any alien included in this application, now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☐ No

**3.b.** If you selected "yes," what is the name of 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 ☐ 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.

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

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?

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

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

### Part 3. Processing Information (continued)

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. Province

9.h. Postal Code

9.i. Country

9.j. Daytime Telephone Number

### Part 4. Information About Your Proposed Travel

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, use the space provided in **Part 11. Additional Information.**)

  
  
  

### Part 5. Complete Only If Applying for a Reentry Permit

During the past 5 years how much total time have you spent outside the United States?

1.a. ☐ Less than 6 months

1.d. ☐ 2 to 3 years

1.b. ☐ 6 months to 1 year

1.e. ☐ 3 to 4 years

1.c. ☐ 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," use the space provided in **Part 11. Additional Information** to explain.)

☐ 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 granted 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 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

**Part 6. Complete Only If Applying for a Refugee Travel Document (continued)**

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

6.a. If "Yes," what is your current location (City and Country)?

6.b. If "Yes," what other countries have you traveled to since leaving the United States?

**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 us issuing an Advance Parole Document to you. Include copies of any documents you wish us to consider. (See instructions.)

1. 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.

2.a. City or Town

2.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?

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. Province

4.h. Postal Code

4.i. Country

4.j. Daytime Phone Number (    )  -

4.k. Email Address

**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.

**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 instruction on this application and my answer to every question.

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

,  
a language in which I am fluent, and I understood everything.

2. ☐ At my request, the preparer named in **Part 10.**  
,  
prepared this application for me based only upon information I provided or authorized.

**Part 8. Applicant's Statement, Contact Information, Certification, and Signature**  
(continued)

***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)

***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.

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.

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:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

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.

***Applicant's Signature***

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.

**Part 9. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

***Interpreter'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. Province

3.g. Postal Code

3.h. Country

***Interpreter's Contact Information***

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

***Interpreter's Certification***

I certify, under penalty of perjury, that:

I am fluent in English and

, 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.

**Part 9. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full 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**

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.g. Province

3.f. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

**Preparer's Statement**

7.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 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. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

## Part 11. Additional Information

If 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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

▶ A-

3.a. Page Number

3.b. Part Number

3.c. Item Number

3.d.

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d.

6.a. Page Number

6.b. Part Number

6.c. Item Number

6.d.

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d.

7.a. Page Number

7.b. Part Number

7.c. Item Number

7.d.