INITIAL RECEIPT

RESUBMITTED

RELOCATED: Rec'd

Sent

I-131, Application for Travel Document

U. S. Citizenship and Immigration Services FOR USCIS USE ONLY (except G-28 block below) **DO NOT WRITE IN THIS BLOCK** Action Block **Document Issued** Receipt Reentry Permit Refugee Travel Document Single Advance Parole Multiple Advance Parole Valid to: If Reentry Permit or Refugee Travel Document Hand Delivered Document, mail to: On Address in Part 1 American embassy/consulate To be completed by Attorney/Representative, if any. Attorney State License # Overseas DHS office Check box if G-28 is attached. at: Part 1. Information about you. (Please type or print in black ink.) 1. A# 2. Date of Birth (mm/dd/yyyy) 3. Class of Admission 4. Gender Male \square Female 5. Name (Family name in capital letters) (First) (Middle) **6.** Address (Number and Street) Apt. # City State or Province Zip/Postal Code Country 8. Country of Citizenship 7. Country of Birth **9.** Social Security # (if any.) Part 2. Application type (check one). **a.** I am a permanent resident or conditional resident of the United States and I am applying for a reentry permit. I now hold U.S. refugee or asylee status and I am applying for a refugee travel document. I am a permanent resident as a direct result of refugee or asylee status and I am applying for a refugee travel document. I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel. I am outside the United States and I am applying for an advance parole document. I am applying for an advance parole document for a person who is outside the United States. If you checked box "f", provide the following information about that person: **1.** Name (Family name in capital letters) (First) (Middle) 2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship 5. Address (Number and Street) Daytime Telephone # (area/country code) Apt. # City State or Province Zip/Postal Code Country

Ret'd

Denied

COMPLETED: Appv'd.

Part 3. Processing information.			_	
1. Date of Intended Departure (mm/dd/yyyy)	2. Expected	d Length of Trip		
3. Are you, or any person included in this application, now in exclusion, deportation, removal or recission proceedings?				
If you are applying for an Advance Parole	Document, skip to Part 7.			
4. Have you ever before been issued a reentry for the last document issued to you):	permit or refugee travel?	No Yes (Give the)	following information	
Date Issued (mm/dd/yyyy):	Disposition (attached,	lost, etc.):		
5. Where do you want this travel document sent? (Check one)				
a. To the U.S. address shown in Part 1 on the first page of this form.				
b . To an American embassy or consulate a	at: City:	Country:		
c. To a DHS office overseas at:	City:	Country:		
d. If you checked "b" or "c", where should the notice to pick up the travel document be sent?				
To the address shown in Part 2 on the first page of this form.				
To the address shown below:	Ant #	Davrima Talanhan	2 # (
Address (Number and Street)	Apt. #	Daytime Telephone	# (area/country code)	
City State	or Province	Zip/Postal Code Cour	ntry	
State	of 1 tovinee		intry	
Part 4. Information about your proposed travel.				
Purpose of trip. If you need more room, continue	on a seperate sheet(s) of paper.	List the countries you inten-	d to visit.	
Part 5. Complete only if applying for a reentry permit.				
Since becoming a permanent resident of the Un	nited States (or during the	less than six months	two to three years	
past five years, whichever is less) how much to		six months to one year	three to four years	
outside the United States?		one to two years	more than four years	
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(s) of paper.) Yes No				
Part 6. Complete only if applying for a refugee travel document.				
1. Country from which you are a refugee or asy	rlee:			
If you answer "Yes" to any of the following questions, you must explain on a separate sheet(s) of paper.				
2. Do you plan to travel to the above named co	ountry?		Yes No	
3. Since you were accorded refugee/asylee state	tus, have you ever:		☐ Yes ☐ No	
			Yes No	
c. applied for and/or received any benefit from such country (for example, health insurance benefits).				
4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:				
a. reacquired the nationality of the above named country.			☐ Yes ☐ No ☐ Yes ☐ No	
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Part 7. Complete only if applying for adv	ance parole.	
On a separate sheet(s) of paper, please explain how yo issuance of advance parole. Include copies of any do	rou qualify for an advance parole document and what circumstances warrant ocuments you wish considered. (See instructions.)	
1. For how many trips do you intend to use this docu	ment?	
2. If the person intended to receive an advance parole of the American embassy or consulate or the DHS	e document is outside the United States, provide the location (city and country) S overseas office that you want us to notify.	
City	Country	
3. 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 on the first page of this form. To the address shown below: Address (Number and Street) City State or Province Zip/Postal Code Country Part 8. Signature. Read the information on penalties in the instructions before completing this section. If you are filing for a reentry permit or refugee travel document, you must be in the United States to file this application. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. Signature Date (mm/dd/yyyy) Daytime Telephone Number (with area code)		
Please Note: If you do not completely fill out this fo be found eligible for the requested document and this	orm or fail to submit required documents listed in the instructions, you may not is application may be denied.	
Part 9. Signature of person preparing for	rm, if other than the applicant. (Sign below.)	
I declare that I prepared this application at the request	at of the applicant and it is based on all information of which I have knowledge.	
Signature	Print or Type Your Name	
Firm Name and Address	Daytime Telephone Number (with area code)	
Fax Number (<i>if any</i> .)	Date (mm/dd/yyyy)	