

# I-131, Application for Travel Document

**DO NOT WRITE IN THIS BLOCK**

**FOR USCIS USE ONLY (except G-28 block below)**

<b>Document Issued</b> <input type="checkbox"/> Reentry Permit <input type="checkbox"/> Refugee Travel Document <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid to: _____ <b>If Reentry Permit or Refugee Travel Document, mail to:</b> <input type="checkbox"/> Address in Part 1 <input type="checkbox"/> American embassy/consulate at: _____ <input type="checkbox"/> Overseas DHS office at: _____	<b>Action Block</b>	<b>Receipt</b>
		<input type="checkbox"/> Document Hand Delivered On _____ By _____
		<i>To be completed by Attorney/Representative, if any.</i> Attorney State License # <u>None issued</u> <input checked="" type="checkbox"/> Check box if G-28 is attached.

## Part 1. Information about you. (Please type or print in black ink.)

1. A # <input type="text" value="none"/>	2. Date of Birth (mm/dd/yyyy) <input type="text" value="11/11/1971"/>	3. Class of Admission <input type="text" value="K-1"/>	4. Gender Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
5. Name (Family name in capital letters) <input type="text" value="GONZALES"/>	(First) <input type="text" value="Marie"/>	(Middle) <input type="text"/>	
6. Address (Number and Street) <input type="text" value="123 Main St."/>	Apt. # <input type="text"/>		
City <input type="text" value="LA"/>	State or Province <input type="text" value="CA"/>	Zip/Postal Code <input type="text" value="91010"/>	Country <input type="text" value="Philippines"/>
7. Country of Birth <input type="text" value="Philippines"/>	8. Country of Citizenship <input type="text" value="Philippines"/>	9. Social Security # (if any.) <input type="text" value="none"/>	

## 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.
- b.  I now hold U.S. refugee or asylee status and I am applying for a refugee travel document.
- c.  I am a permanent resident as a direct result of refugee or asylee status and I am applying for a refugee travel document.
- d.  I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel.
- e.  I am outside the United States and I am applying for an advance parole document.
- f.  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) <input type="text"/>	(First) <input type="text"/>	(Middle) <input type="text"/>	
2. Date of Birth (mm/dd/yyyy) <input type="text"/>	3. Country of Birth <input type="text"/>	4. Country of Citizenship <input type="text"/>	
5. Address (Number and Street) <input type="text"/>	Apt. # <input type="text"/>	Daytime Telephone # (area/country code) <input type="text"/>	
City <input type="text"/>	State or Province <input type="text"/>	Zip/Postal Code <input type="text"/>	Country <input type="text"/>



**Part 3. Processing information.**

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

05/01/2008

2. Expected Length of Trip

2 weeks

3. Are you, or any person included in this application, now in exclusion, deportation, removal or recission proceedings?



No



Yes (Name of DHS office):

**If you are applying for an Advance Parole Document, skip to Part 7.**

4. Have you ever before been issued a reentry permit or refugee travel? for the last document issued to you:



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 at: City:

Country:

c.  To a DHS office overseas at:

City:

Manila

Country:

Philippines

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:

Address (Number and Street)

Apt. #

Daytime Telephone # (area/country code)

City

State or Province

Zip/Postal Code

Country

**Part 4. Information about your proposed travel.**

Purpose of trip. If you need more room, continue on a separate sheet(s) of paper.

List the countries you intend to visit.

**Part 5. Complete only if applying for a reentry permit.**

Since becoming a permanent resident of the United States (or during the past five years, whichever is less) how much total time have you spent outside the United States?



less than six months



two to three years



six months to one year



three to four years



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 asylee:

*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 country?



Yes



No

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

a. returned to the above named country?



Yes



No

b. applied for and/or obtained a national passport, passport renewal or entry permit of that country?



Yes



No

c. applied for and/or received any benefit from such country (for example, health insurance benefits).



Yes



No

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

b. acquired a new nationality?



Yes



No

c. been granted refugee or asylee status in any other country?



Yes



No

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**Part 7. Complete only if applying for advance parole.**

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On a separate sheet(s) of paper, please 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. For how many trips do you intend to use this document?  One trip  More than one trip

2. If the person intended to receive an advance parole document is outside the United States, provide the location (city and country) of the American embassy or consulate or the DHS 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*)  Apt. #  Daytime Telephone # (*area/country code*)   
City  State or Province  Zip/Postal Code  Country

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**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.*

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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 form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.*

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**Part 9. Signature of person preparing form, if other than the applicant.** *(Sign below.)*

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I declare that I prepared this application at the request 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 (if any.)*  *Date (mm/dd/yyyy)*

