

Instructions and Sample for Completing Form I-131 - Application for Travel Document

**(While electronic filling of this form is available, at this time we recommend a paper filling)
Preferably use Black ink to complete application**

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Part 1: Complete items 1-9

Question 1: Your A number is assigned to you once USCIS TSC receives your application for PR. It will be noted on your receipt notice near your name.

Question 3: Class of admission will be your current status – either H1B or Adjusting Status depending on what your last method of admission was into the US either on an H1B or AP

Question 5: Use CAPITAL LETTERS for your LAST NAME

Question 6: Use your home address – NO PO BOXES

Question 9: If you do not have a social security number, leave blank.

Part 2: Check item d – I am applying for advanced parole document to allow me to return to the US after temporary foreign travel.

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Part 3:

Item 1: If you have a date put one OR say “Various”

Item 2: If you have a timeline put it in OR Various

Item 3: No or yes as it applies.

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Part 7:

Item 1: More than one

Part 8: Sign, date and include your daytime phone number.

What else do I need to send other than the application form?

You will need to organize your application packet as follows:

1. Attach a check payable to USCIS for \$305.00 to the middle left side of page one of your application.
2. Attach two photos - 2in by 2in, color photos, in standard USCIS format, make sure to write your name in pencil on the back and include your A# if you have one.
3. Behind the I-131 attach the following:
 - o copy of your I-485 receipt notice if you have one
 - o copy of the ID page from your passport that shows your photo (preferably color)
 - o copy of your current I-94 card
 - o copy of any previous advanced parole forms issued to you by USCIS

How and where do I mail my application?

Usually you file it at the same location where your I-485 was filed either TSC or NSC.

Please check USCIS website since there have been recent changes on the filling address OR call 1-800-375-5283

I-131, Application for Travel Document

DO NOT WRITE IN THIS BLOCK

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

Document Issued <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: _____ If Reentry Permit or Refugee Travel Document, mail to: <input type="checkbox"/> Address in Part 1 <input type="checkbox"/> American embassy/consulate at: _____ <input type="checkbox"/> Overseas DHS office at: _____	Action Block	Receipt
		<input type="checkbox"/> Document Hand Delivered On _____ By _____
		<i>To be completed by Attorney/Representative, if any.</i> Attorney State License # _____ <input type="checkbox"/> Check box if G-28 is attached.

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

1. A # A-XXX-XXX-XXX	2. Date of Birth (mm/dd/yyyy) 01/31/1974	3. Class of Admission H1B or AOS	4. Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
5. Name (Family name in capital letters) (First) XXX	(Middle) Xxxx	(Last) X	
6. Address (Number and Street) XXX X STREET		Apt. # XX	
City XXXX	State or Province XX	Zip/Postal Code XXXXXX	Country USA
7. Country of Birth XXX	8. Country of Citizenship XXX	9. Social Security # (if any.) XXX-XX-XXX	

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) (First)	(Middle)	(Last)	
_____	_____	_____	
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	4. Country of Citizenship	
_____	_____	_____	
5. Address (Number and Street)	Apt. #	Daytime Telephone # (area/country code)	
_____	_____	_____	
City	State or Province	Zip/Postal Code	Country
_____	_____	_____	_____



Part 7. Complete only if applying for advance parole.

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 U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

City	Country
<input type="text"/>	<input type="text"/>

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)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State or Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.*

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

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
<input type="text"/>	<input type="text"/>
Firm Name and Address	Daytime Telephone Number (with area code)
<input type="text"/>	<input type="text"/>
Fax Number (if any.)	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

