

Application for Travel Document

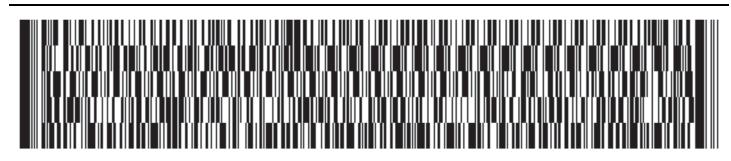
USCIS Form I-131

Department of Homeland Security U.S. Citizenship and Immigration Services OMB No. 1615-0013 Expires 03/31/2016

For USC Use Onl	IS e	Receipt		,	Action Block	To Be Completed by an Attorney/ Representative, if any.
☐ Document Hand Delivered						Fill in box if G-28 is attached to represent
Ву		Date:/				the applicant.
	D	Ocument Issued				
☐ Re-entry Permit (Update ☐ Refugee Travel Document "Mail To" Section)			Mail To (Re-entry &		lress in <i>Part 1</i> Consulate at:	Attorney State License Number:
□ Si	☐ Single Advance Parole ☐ Multiple Advance Parole <i>Valid Until:</i> //		Refugee Only) □ Intl DHS Ofc at:			
► Sta	art Here. Ty	pe or Print in Black Ink				
Part 1. Information About You						
1.a.	Family Name (Last Name)	AGRAWAL		Oth	er Information	
	Given Name (First Name)	Manisha		3.	Alien Registration Number (A	
1.c.	Middle Name	Devi				2 3 4 5 6 7 8
Phys	ical Address			4.	Country of Birth India	
2.a.	In Care of Nar	me		5.	Country of Citizenship	
	Manisha A	grawal			India	
	Street Number and Name	123 Park Avenue		6.	Class of Admission	
2.c.	Apt. X Ste.	☐ Flr. ☐ 45			H-1B Visa	
2.d.	City or Town	Edison		7.	Gender Male Fema	le
2.e.	State NJ	2.f. Zip Code 08837		8.	, , , , , , , , , , , , , , , , , , , ,	<i>y</i>) ► 11/20/1975
2.g.	Postal Code			9.	U.S. Social Security Number (
2.h.	Province				▶ 9	9 8 7 6 5 4 3 2
2.i.	Country USA					

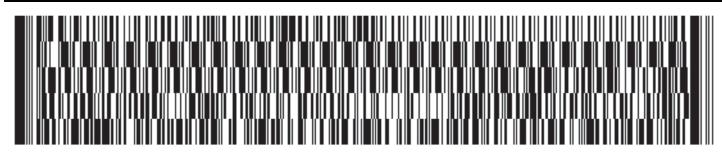
Par	t 2.	Application Type			
1.a.		I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.	2.e.	Country of Birth	
1.b.		I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.	2.f.	Country of Citizenship	
1.c.		I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.	2.g.	Daytime Phone Number ()	
1.d.	\times	I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.		In Care of Name	
1.e.		I am outside the United States, and I am applying for an Advance Parole Document.	2.i.	Street Number	
1.f.		I am applying for an Advance Parole Document for a person who is outside the United States.	2.j.	and Name Apt. Ste. Flr.	
		ecked box "1.f." provide the following information t person in 2.a. through 2.p.	2.k.		
2.a.		nily Name st Name)	2.l.	State 2.m. Zip Code	
2.b.		ven Name rst Name)		Province Province	
2.c.	Mic	ddle Name		Country	
2.d.	Dat	te of Birth (mm/dd/yyyy) ►			
Part 3. Processing Information					
1.	Dat	te of Intended Departure (mm/dd/yyyy) 01/02/2006	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):	
2.	Exp	pected Length of Trip (in days)		☐ Yes ☒ No	
3.a.	in e	e you, or any person included in this application, now exclusion, deportation, removal, or rescission ceedings?		Date Issued (mm/dd/yyyy) ► Disposition (attached, lost, etc.):	
3.b.	If"	Yes", Name of DHS office:			

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.



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Par	t 3. Processir	ng Information (continued)				
Whe	re do you want th	nis travel document sent? (Check one)	10.a.	In Care of Nam	e	
5.		address shown in Part 1 (2.a through				
	2.i.) of this		10.b.	Street Number and Name		
6.	To a U.S. E	Embassy or consulate at:	¬ 10 a			
6.a.	City or Town		10.0.	Apt. Ste.	Flr.	
6.b.	Country		10.d.	City or Town		
7.	☐ To a DHS o	office overseas at:	10.e.	State	10.f. Zip Code	
7.a.	City or Town		10.g.	Postal Code		
7.b.	Country		10.h.	Province		
If you checked "6" or "7", where should the notice to pick up the travel document be sent?			- 10.i.	10.i. Country		
8.	of this form.		10.j. Daytime Phone Number () -			
9.						
Part 4. Information About Your Proposed Travel						
1.a.	Purpose of trip. separate sheet of Family obli		1.b.		es you intend to visit. (If you need more on a separate sheet of paper.)	
			2,			
ъ			D **			
Part 5. Complete Only If Applying for a Re-entry 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?			2.	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		
1.a. 1.b. 1.c.	less than 6 1 6 months to 1 to 2 years	o 1 year 1.e. 3 to 4 years		"Yes" give details on a separate sheet of paper.) Yes Xes		



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Par	t 6. Complete Only If Applying for a Refugee Tra	avel D	ocument
1.	Country from which you are a refugee or asylee:	3.c.	Applied for and/or received any benefit from such country (for example, health insurance benefits)?
If vo	u answer "Yes" to any of the following questions, you		Yes No
must	e and A-Number on the top of each sheet.		e you were accorded refugee/asylee status, have you, by egal procedure or voluntary act:
2.	Do you plan to travel to the country named above?	4.a.	Reacquired the nationality of the country named above?
Since	e you were accorded refugee/asylee status, have you ever:	4.b.	Acquired a new nationality?
3.a.	Returned to the country named above?	4.c.	Been granted refugee or asylee status Yes No in any other country?
3.b.	Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?		•
	☐ Yes ☐ No		
Par	t 7. Complete Only If Applying for Advance Pare	ole	
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		4.a.	In Care of Name
•	you wish considered. (See instructions.) 1. How many trips do you intend to use this document? One Trip More than one trip		Street Number and Name
1.			Apt. Ste. Flr.
If the person intended to receive an Advance Parole Document			City or Town
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.		4.e.	State 4.f. Zip Code
2.a.	City or Town	4.g.	Postal Code
2	City of Town	4.h.	Province
2.b.	Country	4.i.	Country
	e travel document will be delivered to an overseas office, e should the notice to pick up the document be sent?:	4.j.	Daytime Phone Number () -
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.		



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Par		on penalties in the Form instructions before completing or Refugee Travel Document, you must be in the United States			
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. Signature of Applicant	 Date of Signature (mm/dd/yyyy) ► Daytime Phone Number (7 3 2) 4 8 1 - 3 0 5 3 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. 			
Pai	rt 9. Information About Person Who Prepared	This Application, If Other Than the Applicant			
subn as A appli	TE: If you are an attorney or representative, you must nit a completed Form G-28, Notice of Entry of Appearance ttorney or Accredited Representative, along with this lication. **Parer's Full Name** ide the following information concerning the preparer:	 Preparer's Contact Information 4. Preparer's Daytime Phone Number () -			
1.a.	Preparer's Family Name (Last Name)				
		Declaration			
1.b. 2.	Preparer's Given Name (First Name) Preparer's Business or Organization Name	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.			
Pre	parer's Mailing Address	6.a. Signature of Preparer			
3.a.	Street Number and Name	6.b. Date of Signature (mm/dd/yyyy) ▶			
3.c. 3.d.	State 3.e. Zip Code	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.			
3.f. 3.g.					
	Country				



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