## U. S. Citizenship and Immigration Services

DO NOT WRITE IN THIS BLO	CK FOR U	USCIS USE ONLY (except G-28 block below)		
Document Issued  Reentry Permit  Refugee Travel Document  Single Advance Parole	Action Block	Receipt		
Multiple Advance Parole Valid to:  If Reentry Permit or Refugee Travel		Document Hand Delivered		
Document, mail to:  Address in Part 1		On By		
U.S. Embassy/consulate		To be completed by Attorney/Representative, if any.		
at:		Attorney State License #		
Overseas DHS office		Check box if G-28 is attached.		
Part 1. Information About Yo	Ou (Type or print in black ink)			
		of Admission <b>4.</b> Gender		
		Male Female		
<b>5.</b> Name ( <i>Family name in capital letters</i> )	(First)	(Middle)		
3. Name (Family name in capital teners)	(First)	(Mitatie)		
<b>6.</b> Address (Number and Street)	Apt. Number			
City	State or Province	Zip/Postal Code Country		
7. Country of Birth	8. Country of Citizenship	9. Social Security # (if any)		
Part 2. Application Type (Che	ck one)			
<b>a.</b> I am a permanent resident or co	onditional resident of the United States, and	I am applying for a reentry permit.		
<b>b.</b> I now hold U.S. refugee or asy	lee status, and I am applying for a Refugee T	Travel Document.		
<b>c.</b> I am a permanent resident as a	direct result of refugee or asylee status, and	I am applying for a Refugee Travel Document.		
<b>d.</b> 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 De	ocument.		
<b>f.</b> I am applying for an Advance provide the following information	Parole Document for a person who is outside ion about that person:	e the United States. If you checked box "f,"		
1. Name (Family name in capital letters	(First)	(Middle)		
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	<b>4.</b> Country of Citizenship		
<b>5.</b> Address (Number and Street)	Apt. #	Daytime Telephone # (area/country code)		
City	State or Province 7	Zip/Postal Code Country		
<b>L</b>	<u> </u>			

Part 3. Processing Information				
1. Date of Intended Departure (mm/dd/yyyy)	2. Expected	l Length of Trip		
3. Are you, or any person included in this application, now in				
exclusion, deportation, removal, or rescission proceedings?	Yes N	o (Name of DHS offic	:e):	
If you are applying for an Advance Parole Document, skip  4. Have you ever before been issued a reentry permit or Refu	-	- m # O		
No Yes (If "Yes," give the following information				
1 11111	osition (attached, l	lost, etc.):		
<b>5.</b> Where do you want this travel document sent? ( <i>Check on</i>				
a. To the U.S. address shown in <b>Part 1</b> on the first page of this form.				
b. To a U.S. Embassy or consulate at: City:		Country:		
c. To a DHS office overseas at: City:		Country:		
<b>d.</b> If you checked "b" or "c," where should the notice to pick	•	iment be sent?		
To the address shown in <b>Part 2</b> on the first page of this	s form.			
To the address shown below:	A 4	Dantin a Tala	-1	
Address (Number and Street)	Apt. #	Daytime Tele	phone # (area/country code)	
City State or Province		Zip/Postal Code	Country	
State of Frovince		Zip/i ostai Code	Country	
Part 4. Information About Your Proposed Trave	e <b>l</b>			
Purpose of trip. (If you need more room, continue on a separate sh	neet 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 or	during the	less than six months	s two to three years	
past five years, whichever is less) how much total time have yo	ou spent	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, h	•		a g	
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 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 m	ust explain on a s	eparate sheet of paper.		
2. Do you plan to travel to the country named above?			Yes No	
3. Since you were accorded refugee/asylee status, have you ev	ver:			
a. Returned to the country named above?  b. Applied for and/or obtained a national passport, passport	ronousol or ontra	normit of that country?	☐ Yes ☐ No☐ Yes ☐ No	
<ul><li>b. Applied for and/or obtained a national passport, passport</li><li>c. Applied for and/or received any benefit from such countr</li></ul>				
		<u> </u>		
<ul> <li>4. Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:</li> <li>a. Reacquired the nationality of the country named above?</li> <li>Yes</li> <li>No</li> </ul>				
<b>b</b> . Acquired a new nationality?			Yes No	
c. Been granted refugee or asylee status in any other country	y?		Yes No	

Part 7. Complete Only If Applying for Adva	nnce Parole
On a separate sheet of paper, explain how you qualify fo advance parole. Include copies of any documents you w	r an Advance Parole Document, and what circumstances warrant issuance of ish considered. (See instructions.)
1. 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 I of the U.S. Embassy or consulate or the DHS oversea	Document is outside the United States, provide the location (city and country) s office that you want us to notify.
City	Country
3. If the travel document will be delivered to an overseas  To the address shown in <b>Part 2</b> on the first page	office, where should the notice to pick up the document be sent?: of this form.
To the address shown below:	
Address (Number and Street)	Apt. # Daytime Telephone # (area/country code)
City State or Prov	rince Zip/Postal Code Country
I certify, under penalty of perjury under the laws of the U it are all true and correct. I authorize the release of any in needs to determine eligibility for the benefit I am seeking	ties in the instructions before completing this section. If you are filing the Travel Document, you must be in the United States to file this application.  United States of America, that this application and the evidence submitted with a formation from my records that U.S. Citizenship and Immigration Services g.  Date (mm/dd/yyyy)  Daytime Telephone Number (with area code)
Note: If you do not completely fill out this form or fail found eligible for the requested document and this appl	to submit required documents listed in the instructions, you may not be lication 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
Firm Name and Address	Daytime Telephone Number (with area code)
Fax Number (if any)	Date (mm/dd/yyyy)