

START HERE - Please Type or Print

Part 1. Information about you.

Family Name	Given Name	Middle Initial
Address - C/O		
Street # and Name	Apt. #	
City	State or Province	
Country	Zip/Postal Code	
Date of birth (month/day/year)	Country of Birth	
Social Security #	A #	

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 am applying for a Refugee Travel Document
- d. I am applying for an advance parole to allow me to return to the U.S. after temporary foreign travel.
- e. I am outside the U.S. and am applying for an Advance Parole.
- f. I am applying for an Advance Parole for another person who is outside the U.S. Give the following information about that person:

Family Name	Given Name	Middle Initial
Date of birth (month/day/year)	Country of Birth	
Foreign Address - C/O		
Street # and Name	Apt. #	
City	State or Province	
Country	Zip/Postal Code	

Part 3. Processing Information

Date of Intended departure (Month/Day/Year)	Expected length of trip
Are you, or any person included in this application, now in exclusion or deportation proceedings <input type="checkbox"/> No <input type="checkbox"/> Yes, at (give office name)	
<i>If applying for an Advance Parole Document, skip to Part 7.</i>	
Have you ever been issued a Reentry Permit or Refugee Travel Document? <input type="checkbox"/> No <input type="checkbox"/> Yes, (give the following for the last document issued to you)	
Date Issued	Disposition (attached, lost, etc)

FOR INS USE ONLY

Returned _____ _____	Receipt
Resubmitted _____ _____	
Reloc Sent _____ _____	
Reloc Rec'd _____ _____	
<input type="checkbox"/> Applicant Interviewed on _____	
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 Validity to _____	
If Reentry Permit or Refugee Travel Document <input type="checkbox"/> Mail to Address in Part 2 <input type="checkbox"/> Mail to American Consulate <input type="checkbox"/> Mail to INS overseas office AT	
Remarks: Document hand delivered On _____ By _____	
Action Block	
To Be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in Box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

Part 3. Processing Information. (continued)

Where do you want this travel document sent? (check one)

- a. Address in Part 2. above
b. American Consulate at (give City and Country, below)
c. INS overseas office at (give City and Country, below)
City _____ Country _____

If you checked b. or c., above, give your overseas address:

Part 4. Information about the Proposed Travel.

Purpose of trip, If you need more room, continue on a separate sheet of paper

List the countries you intend to visit.

Part 5. Complete only if applying for a Reentry Permit.

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

<input type="checkbox"/> less than 6 months	<input type="checkbox"/> 2 to 3 years
<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 3 to 4 years
<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> more than 4 years

Since you became a Permanent Resident, have you ever filed a federal income tax return as a nonresident, or failed to file a federal 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.

Country from which you are a refugee or asylee:

If you answer yes to any of the following sheet of paper, explain on a separate sheet of paper.

Do you plan to travel to the above named country? Yes No

Since you were accorded Refugee/Asylee status, have you ever: returned to the above-named country; applied for an/or obtained a national passport, passport renewal, or entry permit into this country; or applied for an/or received any benefit from such country (for example, health insurance benefits)?

Yes No

Since being accorded Refugee/Asylee status, have you, by any legal procedure or voluntary act, re-acquired the nationality of the above-named country, acquired a new nationality, or been granted refugee or asylee status in any other country?

Yes No

Part 7. Complete only if applying for an Advance Parole.

On a separate sheet of paper, please explain how you qualify for an Advance Parole and what circumstances warrant issuance of Advance Parole. Include copies of any documents you wish considered. (See instructions.)

For how many trips do you intend to use this document?

1 trip More than 1 trip

If outside the U.S., at right give the U.S. consulate or INS office you wish notified if this application is approved.

Part 8. Signature.

Read the information on penalties in the instructions before completing this section. You must file this application while in the United States if filing for a reentry permit or refugee travel document.

I certify under penalty of perjury under the laws of the United States of America that this petition, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature

Date

Daytime Telephone #

Please note: If you do not completely fill out this form, or fail to submit the required documents listed in the instructions, you may not be found eligible for the requested document and this application will have to be denied.

Part 9. Signature of person preparing form if other than above. (sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

Date

Firm Name
and Address

Daytime Telephone #
