DO NOT WRITE IN THIS BLO	CK FO	OR USCIS USE ONLY (except G-28 block below)
Document Issued ☐ Re-entry Permit	Action Block	Receipt
Refugee Travel Document		
Single Advance Parole		
Multiple Advance Parole		
Valid to:		
If Re-entry Permit or Refugee		Document Hand Delivered
Travel 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.
at:		Check box if G 20 is attached.
	Ou (Type or print in black ink)	
1. A Number 2.	Date of Birth (mm/dd/yyyy) 3. (Class of Admission 4. Gender
		Male Female
5. Name (Family name in capital letters)	(First)	(Middle)
6. 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)
7. Country of Birtin	8. Country of Citizenship	9. Social Security # (ij any)
Part 2. Application Type (Che	ck one)	
a. I am a permanent resident or co	onditional resident of the United States,	and I am applying for a re-entry permit.
b. I now hold U.S. refugee or asyl	lee status, and I am applying for a refug	ee 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 p	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 parol	e document.
f. I am applying for an advance p the following information about		side the United States. If you checked box "f," provide
1. Name (Family name in capital letters	(First)	(Middle)
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 3. Processing Information	
1. Date of Intended Departure (mm/dd/yyyy) 2. Expec	cted Length of Trip
3. Are you, or any person included in this application, now in	N. A. CDMG CC
exclusion, deportation, removal, or rescission proceedings?	No (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 re-entry permit or refugee travel? No Yes (If "Yes," give the following information for the last document of the last	cument issued to you):
Date Issued (mm/dd/yyyy): Disposition (attache	d, 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 a U.S. Embassy or consulate at: City:	Country:
c. To a DHS office overseas at: City:	Country:
d. If you checked "b" or "c," where should the notice to pick up the travel d	ocument 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 of paper.)	List the countries you intend to visit.
Part 5. Complete Only If Applying for a Re-entry Permit	
Since becoming a permanent resident of the United States (or during the	less than six months two to three years
past five years, whichever is less) how much total time have you 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, have you ever fil	
return as a nonresident or failed to file a federal income tax return because you nonresident? (If "Yes," give details on a separate sheet of paper.)	considered yourself to be a Yes No
Part 6. Complete Only If Applying for a Refugee Travel Doc	
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 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 ever:	165
a. Returned to the country named above?	Yes No
b. Applied for and/or obtained a national passport, passport renewal, or ent	· ·
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 production	cedure or voluntary act:
a. Reacquired the nationality of the country named above?	Yes No
b. Acquired a new nationality?c. Been granted refugee or asylee status in any other country?	☐ Yes ☐ No ☐ Yes ☐ No
c. Doon granica foragoe of asyroc status in any other country:	∐ Yes ☐ No

On a separate sheet of paper, explain how you qualify for an advance parole document, and what circumstances warrant is advance parole. Include copies of any documents you wish 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 document is outside the United States, provide the location (city and	suance of
2. If the person intended to receive an advance parole document is outside the United States, provide the location (city and	
of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.	d country)
City	
 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/cou.	ntry code)
City State or Province Zip/Postal Code Country	
Part 8. Signature Read the information on penalties in the instructions before completing this section. If you are for a re-entry permit or refugee travel document, you must be in the United States to file this a	pplication.
I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence su it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigratio needs to determine eligibility for the benefit I am seeking. Signature Date (mm/dd/yyyy) Daytime Telephone Number (with	n Services
Signature Date (mm/ad/yyyy) Daytime Telephone Number (with	
Note: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may found eligible for the requested document and this application may be denied.	y not be
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 k	nowledge.
Signature Print or Type Your Name	
Firm Name and Address Daytime Telephone Number (with area code)	
Fax Number (<i>if any</i>) Date (<i>mm/dd/yyyy</i>)	
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