DO NOT WRITE IN THIS BLOCK FOR		FOR US	USCIS USE ONLY (except G-28 block below)	
Document Issued	Action Block	F	Receipt	
Reentry Permit Refugee Travel Document				
Single Advance Parole				
Multiple Advance Parole				
Valid to:		-	_	
If Reentry Permit or Refugee Travel			Document Hand	Delivered
Document, mail to:  Address in Part 1			On	By
American embassy/consulate		7	To he completed by A	ttorney/Representative, if any.
at:			Attorney State Lice	• •
Overseas DHS office			-	
at:			Check box if G-	28 is attached.
Part 1. Information about you. (Please type or print in black ink.)				
1. A # 2.	Date of Birth (mm/dd/yyyy)	3. Class of	Admission	<b>4.</b> Gender
	08/08/1975	Perman	nent Resident	Male X Female
5. Name (Family name in capital letters)	(First)		(Middle)	
Patel	Rajan			
<b>6.</b> Address (Number and Street)				
your home address here				
City	State or Province	7:	p/Postal Code	Country
City			p/1 Ostar Code	Country
- C C C C C C C C C C C C C C C C C C C			<u> </u>	(1.0
7. Country of Birth	8. Country of Citizenship		Social Security #	(if any.)
India	India	XX	XX-XX-XXXX	
Part 2. Application type (check	k one).			
a. X I am a permanent resident or co	onditional resident of the United S	States and I ar	n applying for a re	entry permit.
b. I now hold U.S. refugee or asv	les status and I am amplying for a	mafu ana tmarra	l do oumant	
1 now nord O.S. rerugee or asyl	lee status and I am applying for a	rerugee trave	a document.	
<b>c.</b> I am a permanent resident as a	direct result of refugee or asylee	status and I ar	m applying for a re	fugee travel document.
<b>d.</b> I am applying for an advance p	parole document to allow me to re	turn to the Ur	nited States after te	mporary foreign travel.
e.   I am outside the United States and I am applying for an advance parole document.				
<b>f.</b> I am applying for an advance p the following information about	arole document for a person who at that person:	is outside the	e United States. If	you checked box "f", provide
1. Name (Family name in capital letters	(First)		(Middle)	
2. Date of Birth (mm/dd/yyyy)	<b>3.</b> Country of Birth		<b>4.</b> Country	of Citizenship
, 33337				
5. Address (Number and Street)		Apt. #	Daytime Telep	phone # (area/country code)
		] [		
City	State or Province Z		ip/Postal Code Country	
L				

Part 3. Processing information.					
1. Date of Intended Departure (mm/dd/yyyy)	2. Expected Length of Trip				
01/22/2008	enter time here				
3. Are you, or any person included in this application, now in exclusion, deportation, removal or recission proceedings? No See (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 reentry permit or refugee travel?   No Yes (Give the following information for the last document issued to you):					
Date Issued (mm/dd/yyyy): Disposition (attached, lost, etc.):					
5. Where do you want this travel document sent? (Check one)					
a. \( \subseteq  To the U.S. address shown in <b>Part 1</b> on the first page of this form.					
b. To an American 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 up the travel document be sent?					
To the address shown in <b>Part 2</b> on the first page of this form.					
To the address shown below:					
Address (Number and Street)	Apt. # Daytime Telephone # (area/country code)				
	77.70 116.1				
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 seperate sheet(s)	of paper. List the countries you intend to visit.				
Explanation of stay outside of the U.S. here.	UK				
Part 5. Complete only if applying for a reentry permit.					
Since becoming a permanent resident of the United States (or durin	g the  less than six months  two to three years				
past five years, whichever is less) how much total time have you sp					
outside the United States? one to two years more than four years more than four years states 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 "Yes," give details on a separate sheet(s) of paper.)					
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 must	explain on a separate sheet(s) of paper.				
2. Do you plan to travel to the above named country?					
3. Since you were accorded refugee/asylee status, have you ever:	☐ Yes ☐ No				
a. returned to the above named country?  D. applied for and/or obtained a national passport, passport renewal or entry permit of that country?  Yes No					
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 procedure or voluntary act:  a reacquired the nationality of the above named country?  Yes No					
a. reacquired the nationality of the above named country?  b. acquired a new nationality?  Yes  Yes  Yes					
b. acquired a new nationality? c. been granted refugee or asylee status in any other country?  Yes N  Yes N					

Part 7. Complete only if applying for advance parc	ole.		
On a separate sheet(s) of paper, please explain how you qualify for issuance of advance parole. Include copies of any documents you			
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 of the American embassy or consulate or the DHS overseas o	is outside the United States, provide the location (city and country) ffice that you want us to notify.		
City Co	untry		
for a reentry permit or refugee travel d	Apt. # Daytime Telephone # (area/country code)  Zip/Postal Code Country  e instructions before completing this section. If you are filing ocument, you must be in the United States to file this application.  ates of America, that this application and the evidence submitted with on from my records that the U.S. Citizenship and Immigration g.  //dd/yyyy)  Daytime Telephone Number (with area code)		
Please Note: If you do not completely fill out this form or fail to be found eligible for the requested document and this application	o submit required documents listed in the instructions, you may not on may be denied.		
Part 9. Signature of person preparing form, if other	er than the applicant. (Sign below.)		
I declare that I prepared this application at the request of the appl	icant and it is based on all information of which I have knowledge.		
Signature	Print or Type Your Name		
DO NOT FILL IN ANY INFORMATION IN THIS SECTION			
Firm Name and Address	Daytime Telephone Number (with area code)		
Fax Number (if any.)	Date (mm/dd/yyyy)		