TABLE OF CHANGES – FORM

Form I-131, Application for Travel Documents, Parole Documents, and Arrival/Departure Records

OMB Number: 1615-0013 06/18/2025

Reason for Revision: REV Project Phase: 60-Day

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 06/30/2027 Edition Date 05/14/2025

Current Page Number and Section	Current Text	Proposed Text
Pages 9-10, Part 6.	[Page 9]	
Complete Only If Applying for a Refugee Travel Document	Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)	Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)
	1. Country from which you are a refugee or asylee: [fillable field]	1. Country from which you are a refugee or asylee: [fillable field]
	If you answer "Yes" to Item Numbers 2 6.c. below, use the space provided in Part 13. Additional Information to provide an explanation.	If you answer "Yes" to Item Numbers 2 6.c. below, use the space provided in Part 12. Additional Information to provide an explanation.
	2. Do you plan to travel to the country named above in Item Number 1.? Yes No	[no change]
Page 10, Part 7.	[Page 10]	
Information About Your Proposed Travel	Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)	Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)
	1. Date of Intended Departure (mm/dd/yyyy)	1. Date of Intended Departure (mm/dd/yyyy)
	2. Purpose of trip. (If you need extra space to complete this section, use the space provided in Part 13. Additional Information.)	2. Purpose of trip. (If you need extra space to complete this section, use the space provided in Part 12. Additional Information.)
	3. List the countries you intend to visit. (If you need extra space to complete this section, use the	3. List the countries you intend to visit. (If you need extra space to complete this section, use

	space provided in Part 13. Additional Information.)	the space provided in Part 12. Additional Information.)
	4. How many trips do you intend to use this document?	4. How many trips do you intend to use this document?
	One Trip More than one trip	One Trip More than one trip
	5. Expected Length of Trip (in days)	5. Expected Length of Trip (in days)
Page 11, Part 8.	[Page 11]	
Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole	Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6 11.)	Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6 11.)
(Part 1., Item Numbers 6 11.)	1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in Part 13. Additional Information.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)	1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in Part 12. Additional Information.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)
	[Text box]	[Text box]
	2. Expected Length of Stay in the United States	2. Expected Length of Stay in the United States
	If the person intended to receive the parole document is outside the United States, complete the following items:	If the person intended to receive the parole document is outside the United States, complete the following items:
	3.a. Date of Intended Arrival to the United States (mm/dd/yyyy)	3.a. Date of Intended Arrival to the United States (mm/dd/yyyy)
	3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify. City or Town Country	3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify. City or Town Country
Page 11, Part 9.	[Page 11]	
Employment Authorization For New Period of Parole (Re- parole) (Part 1., Item	Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)	[delete]
Number 10. or 11.)	1. [] I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under Part 1., Item Number 10. or 11.	
Page 11, Part 10.	[Page 11]	[Page 11]
Applicant's Contact Information, Certification, and Signature (Read the information on penalties	Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)	Part 9. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing Part 9.)

and travel warnings in the form Instructions before completing this Part 10.)

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Applicant's Daytime Telephone Number
- **2.** Applicant's Mobile Telephone Number (if any)
- **3.** Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 11., understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature Date of Signature (mm/dd/yyyy)

Page 12, Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

[Page 12]

Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

Interpreter's Full Name

- 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

Interpreter's Contact Information

- 3. Interpreter's Daytime Telephone Number
- **4.** Interpreter's Mobile Telephone Number (if any)
- **5.** Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Applicant's Daytime Telephone Number
- **2.** Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application. I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 10.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature Date of Signature (mm/dd/yyyy)

[Page 12]

Part 10. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 11.)

Interpreter's Full Name

- 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
- **2.** Interpreter's Business or Organization Name

Interpreter's Contact Information

- **3.** Interpreter's Daytime Telephone Number
- **4.** Interpreter's Mobile Telephone Number (if any)
- **5.** Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that

		1
	or she understood every instruction, question, and answer on the application.	he or she understood every instruction, question, and answer on the application.
	answer on the application.	question, and answer on the application.
	6. Interpreter's Signature	6. Interpreter's Signature
	Date of Signature (mm/dd/yyyy)	Date of Signature (mm/dd/yyyy)
D 12 D4 12	[Dogo 12]	[Page 13]
Page 13, Part 12.	[Page 13]	[Page 15]
Contact Information,	Part 12. Contact Information, Certification,	Part 11. Contact Information,
Certification, and	and Signature of the Person Preparing this	Certification, and Signature of the Person
Signature of the Person	Application, if Other Than the Applicant	Preparing this Application, if Other Than
Preparing this		the Applicant
Application, if Other		
Than the Applicant	Preparer's Full Name	Preparer's Full Name
	1. Preparer's Family Name (Last Name)	1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
	Preparer's Given Name (First Name)	Freparet's Given Name (First Name)
	Treparer's Given Ivanie (Trist Ivanie)	2. Preparer's Business or Organization Name
	2. Preparer's Business or Organization Name	2 Tropulor of Business of Organization Times
		Preparer's Contact Information
	Preparer's Contact Information	3. Preparer's Daytime Phone Number
	3. Preparer's Daytime Phone Number	4. Preparer's Mobile Telephone Number (if
	4. Preparer's Mobile Telephone Number (if any)	any)
	5. Preparer's Email Address (if any)	5. Preparer's Email Address (if any)
	Preparer's Certification and Signature	Preparer's Certification and Signature
	I certify, under penalty of perjury, that I prepared	I certify, under penalty of perjury, that I
	this application for the applicant at his or her	prepared this application for the applicant at
	request and with express consent and that all the	his or her request and with express consent
	responses and information contained in and	and that all the responses and information
	submitted with the application are complete, true,	contained in and submitted with the
	and correct and reflects only information provided by the applicant. The applicant	application are complete, true, and correct and reflects only information provided by the
	reviewed the responses and information and	applicant. The applicant reviewed the
	informed me that he or she understands the	responses and information and informed me
	responses and information in or submitted with	that he or she understands the responses and
	the application.	information in or submitted with the
		application.
	C Duranana's Cianatana	(Dunama's Cianatana
	6. Preparer's Signature Date of Signature (mm/dd/yyyy)	6. Preparer's Signature Date of Signature (mm/dd/yyyy)
	Date of Signature (min/dd/yyyy)	Bate of Signature (min/dd/yyyy)
Page 14, Part 13.	[Page 14]	[Page 14]
Additional Information		
	Part 13. Additional Information	Part 12. Additional Information
	If you need extra space to provide any additional	If you need extra space to provide any
	information within this application, use the space	additional information within this application,
	below. If you need more space than what is	use the space below. If you need more space
	provided, you may make copies of this page to complete and file with this application or attach a	than what is provided, you may make copies of this page to complete and file with this
	separate sheet of paper. Type or print your name	application or attach a separate sheet of paper.
	and A-Number (if any) at the top of each sheet;	Type or print your name and A-Number (if
	indicate the Page Number, Part Number, and	any) at the top of each sheet; indicate the Page
	Item Number to which your answer refers; and	Number, Part Number, and Item Number to
	sign and date each sheet.	which your answer refers; and sign and date
		each sheet.

1. Family Name (Last Name) [Auto-populated field]	1. Family Name (Last Name) [Auto-populated field]
Given Name (First Name) [Auto-populated field] Middle Name (if applicable) [Auto-populated	Given Name (First Name) [Auto-populated field]
field]	Middle Name (if applicable) [Auto-populated field]
2. A-Number (if any) [Auto-populated field]	2. A-Number (if any) [Auto-populated field]
3. Page Number	3. Page Number
Part Number	Part Number
Item Number	Item Number
[Fillable field]	[Fillable field]
4. Page Number	4. Page Number
Part Number	Part Number
Item Number	Item Number
[Fillable field]	[Fillable field]
5. Page Number	5. Page Number
Part Number	Part Number
Item Number	Item Number
[Fillable field]	[Fillable field]
6. Page Number	6. Page Number
Part Number	Part Number
Item Number	Item Number
[Fillable field]	[Fillable field]
7. Page Number	7. Page Number
Part Number	Part Number
Item Number	Item Number
[Fillable field]	[Fillable field]]