

I-191, Application for Advance Permission to Return to Unrelinquished Domicile

Action Block	Fee Stamp
	Alien Registration Number
	Date

(1) I hereby apply for permission to return to the United States under the authority contained in Section 212(c) of the Immigration and Nationality Act.

MY NAME IS: _____ (First) _____ (Middle) _____ (Last)

DATE OF BIRTH: (mm/dd/yyyy) _____ PLACE OF BIRTH: (City, Province, Country) _____ I AM A CITIZEN/NATIONAL OF: (Country) _____

PRESENT ADDRESS: (Street and number, apt. no., city, state, country) _____

(2) I was lawfully admitted to the United States for permanent residence at:

PORT OF ENTRY/DHS OFFICE: _____	DATE: (mm/dd/yyyy) _____	NAME OF VESSEL OR OTHER MEANS OF CONVEYANCE: _____
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(3) Since that admission I have departed from and reentered the United States as follows:

DEPARTED FROM THE UNITED STATES			RETURNED TO THE UNITED STATES			PURPOSE OF TRIP
Port	Date (mm/dd/yyyy)	Vessel or Other Means of Conveyance	Port	Date (mm/dd/yyyy)	Vessel or Other Means of Conveyance	

(4) During the past 7 years I have resided at the following places: (List present address first)

(Complete Address - Include Apt. No.)	From -	To -
		Present time

(5) During the past 7 years I have been employed as follows: (List present employment first)

From -	To -	Employer's Name	Address	Occupation or Type of Business

(6) My immediate family (spouse, unmarried minor children and parents) consists of the following persons:

Name	Relation	Date and Country of Birth	Citizen of	Present Address

(7) I _____ depart(ed) temporarily from the United States on or about _____ and will remain
 (Intend to or have) _____ (Date - mm/dd/yyyy)
 in _____ approximately _____, for the purpose of
 (Country) _____ (Length of Time) _____
 ; and expect to apply for admission at _____ (Port)

Remarks:	RECEIVED	TRANS. IN	RET'D-TRANS. OUT	COMPLETED

(8) I believe I may be inadmissible to the United States for the following reasons:

I understand that the information herein contained may be used in any criminal or civil proceedings, including removal, hereafter instituted against me.

I certify that the statements above are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

Signature of person preparing form, if other than applicant.

I declare that the document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

(Signature)

(Address)

(Date)

Decision:

Application granted upon the following terms and conditions:

DATE
OF
ACTION

DD

DISTRICT