Department of H U.S. Citizenship a				I-191, <i>A</i> to	Applic Retur	ation for to U	or A ireli	dvanc inquisl	e Permission ned Domicile
Action Block						Fee	e Stam	p	
				Alien Regi	stration N	umber			
				Date					
		return to the United Stat	tes under the author	-	Section 2	12(c) of the	Immig		<u> </u>
MY NAME IS:		(First)		(Middle)				(Last	<i>t)</i>
DATE OF BIRT	H: (mm/dd/yyyy)	PLACE OF BIRTH: (C	ity, Province, Count	try)		I AM A C	ITIZE	N/NATIO	NAL OF: (Country)
PRESENT ADD	RESS: (Street and	l d number, apt. no., city, s	tate, country)						
(2) I was lawfully	admitted to the U	Jnited States for permane	ent residence at:						
PORT OF ENTR	Y/DHS OFFICE:	-	DATE: (mm/dd/yy	yy) NAME (OF VESSI	EL OR OTH	IER M	IEANS OF	CONVEYANCE:
(3) Since that adn	nission I have dep	arted from and reentered	the United States as	s follows:					
					D TO THE UNITED STATES			PURP	OSE OF TRIP
Port	Date (mm/dd/yyyy)	Vessel or Other Means of Conveyance	Port	Date (mm/dd/yyyy)		or Other Mea Conveyance	ns		
	-	ive resided at the following	ng places: (List pre-	sent address firs	it)	l e			1_
(Complete Add	dress - Include Ap	ot. No.)				Fi	om -		To- Present time
									Tresent time
(5) During the pas	st seven years I ha	ave been employed as follows	lows: (List present	employment firs	t)				1
From -	То -	Employer's N	Vame		Address	ı		Occup	pation or Type of Business
(6) My immediate	e family (spouse,	unmarried minor children	and parents) consis	sts of the follow	ing persor	ns:			
	Name	Relation	Date and	d Country of Bir	th	Citizen	of	Pre	esent Address
(7) I		depart(ed) temporarily	y from the United St	tates on or abou				ill remain	
in (Intend	l to or have)		approximately	<i></i> _	(Date - 1	mm/dd/yyyy,)	, f	for the purpose of

; and expect to apply for admission at

(Country)

Remarks:

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

(Length of Time)

(Port)

) I believe I may be inadmissible to the United States for the following reason				
I understand that the information herein contained may be used in any criminal	nal or civil proceedings, including removal, her	eafter instituted agains		
I certify that the statements above are true and correct to the best of my know	wledge and belief.			
	(Signature of Applicant)			
Signature of person preparing f	orm, if other than applicant.			
		e any knowledge.		
		e any knowledge. (Date)		
I declare that the document was prepared by me at the request of the applicant (Signature)	and is based on all information of which I have			
I declare that the document was prepared by me at the request of the applicant (Signature) Decision:	and is based on all information of which I have (Address) DATE OF			
I declare that the document was prepared by me at the request of the applicant (Signature) Decision:	and is based on all information of which I have (Address) DATE OF ACTION			