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

Depa	irtment of	Hom	erand	Secur	ıιy	
U.S.	Citizenship	and	Immig	gration	Service	٩

Action Block							Fee Star	np	
				A	lien Regist	ration Number			
				D	ate				
(1) I hereby apply	for permission to	return to the United Sta	tes under the author	rity con	tained in S	ection 212(c) of	f the Imm	igration and	l Nationality Act.
MY NAME IS:		(First)		(Mic	ddle)			(Las	t)
DATE OF DIDT	II. (/11/)	DI ACE OF DIDTH. (C	Car Burning Com	41		TAM	A CITIZ	ENI/NIA TIO	NALOE (Communication)
DATE OF BIRT	п. (<i>mm/aa/yyyy)</i>	PLACE OF BIRTH: (C	uy, Province, Coun	iry)		I Alvi	A CITIZ	EN/NATIO	NAL OF: (Country)
PRESENT ADD	RESS: (Street and	l d number, apt. no., city, s	tate, country)						
-		United States for permane	ent residence at:						
PORT OF ENTE	RY/DHS OFFICE	:	DATE: (mm/dd/yy	yy)	NAME O	F VESSEL OR	OTHER I	MEANS OF	F CONVEYANCE:
(3) 5: 4 4 1		. 10 1	1 II '4 I G4 4	C 11					
		parted from and reentered	1			HEED CELLER	,	DUDI	OGE OF TRUE
Port	Date	UNITED STATES Vessel or Other Means	Port		Date	Vessel or Othe		PURI	POSE OF TRIP
Tort	(mm/dd/yyyy)	of Conveyance	Tolt	(mm	/dd/yyyy)	of Conveya			
		esided at the following p	laces: (List present	addres	s first)		_		
(Complete Ad	dress - Include Ap	ot. No.)					From -		То-
									Present time
		een employed as follows		oloymen T	t first)			0	t:
From -	To -	Employer's 1	Name			Address		Occuj	pation or Type of Business
(6) My immediate	e family (spouse,	unmarried minor childre	and parents) consi	sts of th	ne followir	ng persons:			
	Name	Relation	Date and	d Count	try of Birtl	n Cit	izen of	Pro	esent Address
_									
(7) I,		depart(ed) temporaril	y from the United S	tates or	or about	1	and	will remain	
(Intend to or	have)	_			((Date - mm/dd/y	yyy)		
in	(C ₂	untry)	approximately	y		(Length of T	Cime)	,	for the purpose of
	(00)	шш у)	; and expect to ap	oply for	admission		ine)		(Port)
Remarks:				ECEIVE		TRANS. IN	RET'D '	TRANS. OU	
			<u></u>		<i></i>	11/1/11/10:111	KLID-	111/11/10. U	OI COMILETED

	s:	
I understand that the information herein contained may be used in any crimin	nal or civil proceedings, including remova	l. hereafter instituted against
		n, noroartor institutou agamst
I certify that the statements above are true and correct to the best of my know	viedge and benef.	
	(Signature of	Applicant)
Signature of person preparing for	orm, if other than applicant.	
		have any knowledge.
Signature of person preparing for declare that the document was prepared by me at the request of the applicant		have any knowledge.
		have any knowledge. (Date)
declare that the document was prepared by me at the request of the applicant	and is based on all information of which l	
declare that the document was prepared by me at the request of the applicant (Signature) Decision:	(Address) DATE OF	
declare that the document was prepared by me at the request of the applicant (Signature) Decision:	(Address) DATE OF ACTION	
declare that the document was prepared by me at the request of the applicant (Signature) Decision:	(Address) DATE OF ACTION DD	
declare that the document was prepared by me at the request of the applicant (Signature) Decision:	(Address) DATE OF ACTION DD	