



AMERICAN CONSULAR SERVICES REGISTRATION



NAME _____
SURNAME GIVEN NAME

ALIAS _____
SURNAME GIVEN NAME

ADDRESS IN INDONESIA _____

GENDER	PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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PHONE/OTHER CONTACT MEANS	PASSPORT INFORMATION
RESIDENCE _____	SURNAME _____
WORK _____	GIVEN NAME _____
OTHER _____	PASSPORT NUMBER _____
E-MAIL _____	ISSUE DATE/PLACE _____

DISTINGUISHING MARKS

HEIGHT	HAIR COLOR	EYE COLOR	NATIONALITY	MARITAL STATUS
DEPARTURE DATE		LENGTH OF STAY	PURPOSE OF VISIT	

MEDICAL CONDITIONS _____

EMPLOYMENT INFORMATION

(Please check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Artist/Writer/Athlete/Entertainer | <input type="checkbox"/> Admin Support Including Clerks |
| <input type="checkbox"/> Counselors, Education/Vocation | <input type="checkbox"/> Physician | <input type="checkbox"/> Engineer, Surveyor/Map Science |
| <input type="checkbox"/> Executive, Admin, Managerial | <input type="checkbox"/> Farming/Forestry/Fishing | <input type="checkbox"/> Health Diagnosing Occupations |
| <input type="checkbox"/> Other Health Assessment/Treatment | <input type="checkbox"/> Housewife/Househusband | <input type="checkbox"/> Operators/Fabricators/Laborers |
| <input type="checkbox"/> Lawyers And Judges | <input type="checkbox"/> Librarians/Archivists/Curators | <input type="checkbox"/> Mathematical/Computer Scientist |
| <input type="checkbox"/> Occupation Not Reported | <input type="checkbox"/> Natural Scientists | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Precision Production/Craft/Rep | <input type="checkbox"/> Havana Applicants To Be Paroled | <input type="checkbox"/> Service Occupations |
| <input type="checkbox"/> Sales Occupations | <input type="checkbox"/> Social Scientist/Urban Planner | <input type="checkbox"/> Students/Children Under 16 |
| <input type="checkbox"/> Social/Recreation/Religious Wk | <input type="checkbox"/> Teachers, Except Post secondary | <input type="checkbox"/> Teachers, Post secondary |
| <input type="checkbox"/> Health Technologist/Technician | <input type="checkbox"/> Technologist/Technician, Other | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unemployed Or Retired | <input type="checkbox"/> Havana Applicants Per Notification | <input type="checkbox"/> Minor - Under 18 |

COMPANY NAME _____
ADDRESS _____
PHONE _____

IN CASE OF EMERGENCY NOTIFY

NAME _____
SURNAME GIVEN NAME

PERMANENT ADDRESS _____

PHONE/OTHER CONTACT MEANS

RESIDENCE	WORK	FAX
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PRIVACY ACT RELEASE

The information solicited on this form is authorized by 22 USC 2658. The purpose of registration is to create an official record on United States nationality which will enable consular and diplomatic officers to furnish promptly and efficiently all services to which a U.S. citizen is entitled abroad, as well as to enable relative and friends to locate the U.S. citizen overseas.

The information is made available on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties. It may also be made available to the Indonesian Government, should the disclosure of such information be considered to be in your interest. If the release below is signed, it will be made available to other persons trying to contact you through the Embassy.

NOTE: The completion of this form, including identify and location of a person to be notified in the event of an emergency, is entirely voluntary; however, failure to provide this information may prevent the Department of State from providing you with timely assistance or protection in the event you should encounter an emergency situation while outside the United States.

PRIVACY ACT RELEASE: I hereby authorize the Embassy to release the information on this form.

(Signature)

PLEASE PRESENT YOUR PASSPORT OR PHOTOCOPY OF THE INFORMATION PAGE OF YOUR PASSPORT WITH THIS REGISTRATION CARD TO THE EMBASSY'S CONSULAR SECTION