



U.S. Department of State
TRAVEL REGISTRATION

OMB APPROVAL NO. 1405-0152
EXPIRATION DATE: 10/31/2006
ESTIMATED BURDEN: 10 Minutes

Travel registration is a free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in, a foreign country. Registration allows you to record information about your trip abroad that the U.S. Department of State can use to assist you in case of an emergency. To register your trip or foreign residence, please fill out the form below and return to the U.S. Department of State.

Personal Information: Fill out your Personal Information		
First Name	Middle Name	Last Name
Address Line 1		
Address Line 2		
City	U.S. State or Foreign Province	
Country	Postal Code	
Phone Number	Fax Number	E-Mail Address
Date of Birth (mm-dd-yyyy)	Citizenship	
Marital Status	Gender	Occupation
Passport Information:		
Passport Number	Passport Date of Issue (mm-dd-yyyy)	Passport Date of Expiration (mm-dd-yyyy)
Passport Place of Issue		
Emergency Contact Information (Next of Kin): Fill out your Emergency Contact Information. Your Emergency Contact should be someone who is not traveling or living with you.		
First Name	Middle Name	Last Name
Address Line 1		
Address Line 2		
City	U.S. State or Foreign Province	
Country	Postal Code	
Phone Number	Fax Number	E-Mail Address
Relationship to Primary Traveler/Resident		
Business Information: If you have a business address, please fill in your contact information.		
First Name	Middle Name	Last Name
Address Line 1		
Address Line 2		
City	U.S. State or Foreign Province	
Country	Postal Code	
Phone Number	Fax Number	E-Mail Address
Paperwork Reduction Act Statements		
Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documents, providing the information or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a valid Office of Management and Budget (OMB) number. If you have comments on the accuracy of this burden estimate or recommendations for reducing it, please send them to: Information Collection Coordinator, U.S. Department of State, A/RPS/Dir, Washington, DC 20520.		
Privacy Act Information		
Fill out your Privacy Act information. You must check the check box to indicate that you have read the Privacy Act Notice .		
The U.S. Department of State is committed to ensuring that any personal information received by our overseas embassies and consulates pursuant to the registration process, whether in person or otherwise, is safeguarded against unauthorized disclosure. The data that you provided the U.S. Department of State is subject to the provisions of the Privacy Act (5 USC 552a). This means that the U.S. Department of State will not disclose the information you provide us in your registration application to any third parties unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted by the Privacy Act.		
AUTHORITY 22 U.S.C. 2715, and 22 U.S.C. 4802(b).		
PURPOSE To notify U.S. citizens in the event of a disaster, emergency or other crisis, issuance of a travel warning, public announcement or consular information sheet, and for evacuation coordination. The information solicited on this form may be made available as a routine use to appropriate agencies whether federal, state, local, or foreign, to assist the Department in the evacuation or provision of emergency service to U.S. citizens, or for law enforcement and administration purposes or pursuant to court order. The information is also made available to private U.S. citizens, known as wardens, designated by U.S. embassies to assist in communicating with the American community in an emergency. For a complete statement of the routine uses to which this information may be put, see the Prefatory Statement of Routine Uses and the listing of routine uses set forth in the systems description for Overseas Citizens Services Records (State-05), found at http://foia.state.gov/issuances/priviss.asp . Lastly, while this internet site uses secure encryption to safeguard your privacy and therefore any unauthorized interception by third parties of the information you send via the internet is unlikely, please keep in mind that the U.S. Department of State is not responsible for any such interception.		
<input type="checkbox"/>	I have read the terms of the Privacy Act Notice.	

I agree to allow the U.S. Department of State to disclose my information to:

- Family Members
- Friends
- Legal Representative
- Media
- Other
- Members of Congress
- Medical Representative

Waiver Comments Please use this space below to specify individuals, explain, or clarify your response or describe your selection of "Other"

OR

I do not authorize the U.S. Department of State to disclose my information to anyone except as authorized by law.

Itinerary

Please provide enough information about your Destination or Overseas Residence to help a U.S. consular officer contact you in case of an emergency. The Type of Visit, Destination, Date of Arrival, Destination, Date of Departure (except for Indefinite Stay visits), and Country must be entered. For example, providing the hotel name, the city, and the country will be useful, even if you can not provide the hotel phone number. Please provide the dates you will be in that location, even if approximate.

Type of Visit <i>(Select One)</i> <input type="checkbox"/> Extended Stay <input type="checkbox"/> Indefinite Stay <input type="checkbox"/> Frequent Visit <input type="checkbox"/> One-Time Visit	Destination Date <i>(mm-dd-yyyy)</i> of Arrival	Purpose of Visit
	Destination Date <i>(mm-dd-yyyy)</i> of Departure <i>(If Any)</i>	

<u>Destination Information</u> (Select One) (Additional destination information may be included on pages 3 and 4.)	Destination Type <i>(Select One)</i> <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other
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Address Line 1	
Address Line 2	

City	Foreign State or Province
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Country	Postal Code
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Phone Number	Fax Number	E-Mail Address
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Additional Travelers/Members of Household
If you are traveling or residing with one or more travelers/members of household, please fill out their Personal Information below. Attach additional copies of this form if you need more space.

<u>Additional Traveler/Member of Household #1:</u>		
First Name	Middle Name	Last Name

Address Line 1

Address Line 2

City	U.S. State or Foreign Province
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Country	Postal Code
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Phone Number	Fax Number	E-Mail Address
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Date of Birth <i>(mm-dd-yyyy)</i>	Citizenship	Relationship to Primary Traveler/Resident
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Comments

Passport Number	Passport Date of Issue <i>(mm-dd-yyyy)</i>	Passport Date of Expiration <i>(mm-dd-yyyy)</i>
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Passport Place of Issue

Additional Travelers/Members of Household:
 If you are traveling or residing with one or more travelers/members of household, please fill out their Personal Information below. Attach additional copies of this form if you need more space.

Additional Traveler/Member of Household #2:		
First Name	Middle Name	Last Name
Address Line 1		
Address Line 2		
City	U.S. State or Foreign Province	
Country	Postal Code	
Phone Number	Fax Number	E-Mail Address
Date of Birth (mm-dd-yyyy)	Citizenship	Relationship to Primary Traveler/Resident
Comments		
Passport Number	Passport Date of Issue (mm-dd-yyyy)	Passport Date of Expiration (mm-dd-yyyy)
Passport Place of Issue		

Additional Traveler/Member of Household #3:		
First Name	Middle Name	Last Name
Address Line 1		
Address Line 2		
City	U.S. State or Foreign Province	
Country	Postal Code	
Phone Number	Fax Number	E-Mail Address
Date of Birth (mm-dd-yyyy)	Citizenship	Relationship to Primary Traveler/Resident
Comments		
Passport Number	Passport Date of Issue (mm-dd-yyyy)	Passport Date of Expiration (mm-dd-yyyy)
Passport Place of Issue		

If there are any additional destinations, please complete the required information below.

Additional Destination Information
 If you are visiting more than one city or country during your trip, enter details about your destination that could help a consular officer contact you in case of an emergency. Attach additional copies of this form if you need more space.

Additional Destination #1: Type of Visit (Select One) <input type="checkbox"/> Extended Stay <input type="checkbox"/> Indefinite Stay <input type="checkbox"/> Frequent Visit <input type="checkbox"/> One-Time Visit	Destination Date (mm-dd-yyyy) of Arrival	Purpose of Visit
	Destination Date (mm-dd-yyyy) of Departure (If Any)	

Destination Information:	Destination Type (Select One)
	<input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other

Address Line 1		
Address Line 2		
City	Foreign State or Province	
Country	Postal Code	
Phone Number	Fax Number	E-Mail Address

Additional Destination Information:

If you are visiting more than one city or country during your trip, enter details about your destination that could help a consular officer contact you in case of an emergency. Attach additional copies of this form if you need more space

Additional Destination #2:		Destination Date (mm-dd-yyyy) of Arrival	Purpose of Visit
Type of Visit (Select One) <input type="checkbox"/> Extended Stay <input type="checkbox"/> Indefinite Stay <input type="checkbox"/> Frequent Visit <input type="checkbox"/> One-Time Visit		Destination Date (mm-dd-yyyy) of Departure (If Any)	
Destination Information:		Destination Type (Select One) <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other	
Address Line 1			
Address Line 2			
City		Foreign State or Province	
Country		Postal Code	
Phone Number		Fax Number	E-Mail Address
Additional Destination #3:		Destination Date (mm-dd-yyyy) of Arrival	Purpose of Visit
Type of Visit (Select One) <input type="checkbox"/> Extended Stay <input type="checkbox"/> Indefinite Stay <input type="checkbox"/> Frequent Visit <input type="checkbox"/> One-Time Visit		Destination Date (mm-dd-yyyy) of Departure (If Any)	
Destination Information:		Destination Type (Select One) <input type="checkbox"/> Home <input type="checkbox"/> Hotel <input type="checkbox"/> School <input type="checkbox"/> Other	
Address Line 1			
Address Line 2			
City		Foreign State or Province	
Country		Postal Code	
Phone Number		Fax Number	E-Mail Address

If there are any additional destinations, please attach the required information on a separate sheet of paper.