

**AMERICAN EMBASSY
PHNOM PENH, CAMBODIA**

APPLICATION FOR REGISTRATION

Date of Arrival in Cambodia:

DAY / MONTH / YEAR

Date of Expected Departure from Cambodia:

DAY / MONTH / YEAR

Do not write in this space

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PERSONAL INFORMATION

Family Name: _____ Given Name(s): _____

Social Security Number: _____ Sex: _____

City and Country of Birth: _____ Date of Birth: _____
DAY / MONTH / YEAR

Nationality: U.S. Citizen (y/n) _____ U.S. Permanent Resident Alien (y/n) _____

Dual Nationality (y/n) _____ Other Nationality: _____

Passport Information: Number: _____ Place of Issue: _____

Issue Date: _____ Expiration Date: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

CONTACT INFORMATION IN CAMBODIA – LOCAL PHONE NUMBER MUST BE PROVIDED

Employer in Cambodia: _____

Address in Cambodia: **(please indicate location on the attached map)**

Telephone: _____ FAX: _____

E-Mail Address: _____

If you will be staying in any other place while in Cambodia, please provide hotel name, address, phone number and dates of your stay there, if applicable, on a separate sheet of paper.

Alternate Means to Contact you:

List address and phone numbers of employer, colleagues, traveling companions, local friends, and any other local contact information which would help us reach you in case of emergency.

OTHER MEMBERS OF HOUSEHOLD TRAVELING WITH YOU IN CAMBODIA
(Please include all family members, including non-U.S. citizens)

1. Family Name: _____ Given Name(s): _____
Relationship: _____ Sex: _____
Social Security Number: _____
City and Country of Birth: _____ Date of Birth: _____
DAY / MONTH / YEAR

Nationality: U.S. Citizen (y/n) _____ U.S. Permanent Resident Alien (y/n) _____
Dual Nationality (y/n) _____ Other Nationality: _____

Passport Information: Number: _____ Place of Issue: _____
Issue Date: _____ Expiration Date: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

2. Family Name: _____ Given Name(s): _____
Relationship: _____ Sex: _____
Social Security Number: _____
City and Country of Birth: _____ Date of Birth: _____
DAY / MONTH / YEAR

Nationality: U.S. Citizen (y/n) _____ U.S. Permanent Resident Alien (y/n) _____
Dual Nationality (y/n) _____ Other Nationality: _____

Passport Information: Number: _____ Place of Issue: _____
Issue Date: _____ Expiration Date: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

3. Family Name: _____ Given Name(s): _____
Relationship: _____ Sex: _____
Social Security Number: _____
City and Country of Birth: _____ Date of Birth: _____
DAY / MONTH / YEAR

Nationality: U.S. Citizen (y/n) _____ U.S. Permanent Resident Alien (y/n) _____
Dual Nationality (y/n) _____ Other Nationality: _____

Passport Information: Number: _____ Place of Issue: _____
Issue Date: _____ Expiration Date: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

4. Family Name: _____ Given Name(s): _____
Relationship: _____ Sex: _____
Social Security Number: _____
City and Country of Birth: _____ Date of Birth: _____
DAY / MONTH / YEAR

Nationality: U.S. Citizen (y/n) _____ U.S. Permanent Resident Alien (y/n) _____
Dual Nationality (y/n) _____ Other Nationality: _____

Passport Information: Number: _____ Place of Issue: _____
Issue Date: _____ Expiration Date: _____
DAY / MONTH / YEAR DAY / MONTH / YEAR

EMERGENCY CONTACT INFORMATION (IN THE UNITED STATES)

1. Family Name: _____ Given Name(s): _____
Relationship: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ FAX: _____
E-Mail Address: _____

2. Family Name: _____ Given Name(s): _____
Relationship: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ FAX: _____
E-Mail Address: _____

3. Family Name: _____ Given Name(s): _____
Relationship: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ FAX: _____
E-Mail Address: _____

PRIVACY ACT WAIVER

In accordance with the provisions of the Privacy Act of 1974 (PL-93-579), I consent to the release of the information provided in this form to the individuals listed above and to designated wardens in the American Embassy Warden System.

In addition, I authorize the release of the information provided in this form to the following individuals and general categories:

Family _____ / _____
Yes No

Media _____ / _____
Yes No

Congress _____ / _____
Yes No

Legal Representative _____ / _____
Yes No

Medical _____ / _____
Yes No

Other _____ / _____
Yes No

SIGNATURE

PRINTED NAME

DATE

