

NAME:

Last

First

Middle

DATE OF REGISTRATION

DATE OF DEPARTURE

REGISTRATION CARD APPLICATION

(Please print or type)

DATE OF BIRTH

PLACE OF BIRTH

OCCUPATION

LOCAL ADDRESS

TELEPHONE NUMBER

U. S. ADDRESS

TELEPHONE NUMBER

U. S. PASSPORT NUMBER

DATE AND PLACE OF ISSUANCE

I n the event of an emergency notify:

(please give relationship)

NAME:

FULL ADDRESS

TELEPHONE NUMBER

Over / . . . . .

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PLEASE LIST NAMES OF ACCOMPANYING FAMILY MEMBERS WHO ARE U. S. CITIZENS:

NAME:	DATE AND PLACE OF BIRTH	U. S. PASSPORT NUMBER DATE AND PLACE OF ISSUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION UNDER PRIVACY ACT OF 1974:

I hereby authorize the American Embassy, Tirana, Albania to release  
information to the following: (please check box which applies)

- |   |  |
|---|--|
| <input type="checkbox"/> No one             | <input type="checkbox"/> Members of U. S. Congress |
| <input type="checkbox"/> Parents            | <input type="checkbox"/> All inquiries             |
| <input type="checkbox"/> All family members | <input type="checkbox"/> Other (specify) _____     |

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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FOR OFFICIAL USE ONLY: (Do not write in this area unless authorized)

Date

Action

Initials