CONSULAR SECTION
LUANDA, ANGOLA

US CITIZEN REGISTRATION FORM

ARRIVAL DATE :	LENGTH OF STAY:
NAME:	PASSPORT #:
ANGOLA HOME ADDRESS (INCLUDE BAIRRO/ZONE):	HOME PHONE #: CELL PHONE #:
COMPANY/ORGANIZATION	EMAIL ADDRESS:
INDICATE ROTATIONAL SCHEDULE, IF APPLICABLE : YES / NO	WORK PHONE: EXT.: EXT.:

ACCOMPANYING FAMILY MEMBERS, IF APPLICABLE:

SPOUSE : PASSPORT # :

CHILD : PASSPORT # :

CHILD : PASSPORT # :

CHILD : PASSPORT # :

EMERGENCY CONTACT IN THE US OR ELSEWHERE:

NAME:	RELATIONSHIP:
ADDRESS: EMAIL:	HOME PHONE #: WORK PHONE #:

OTHER INFORMATION:

PLEASE ATTACH A COPY OF THE PHOTO/DATA PAGE OF YOUR PASSPORT AND A COPY OF YOUR ANGOLAN VISA.

THANK YOU

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