



**U.S. EMBASSY
BRASILIA,**
Av. das Nações, Lote 03 Quadra 801
70403-900 Brasilia, DF
Phone: (61) 312-7000
Fax: (61) 312-7651

**U.S. CONSULATE GENERAL
SÃO PAULO,**
Rua Henri Dunant 700
04709-110 São Paulo, SP
Phone: (11) 5186-7000
Fax: (11) 5186-7199

**U.S. CONSULATE GENERAL
RIO DE JANEIRO,**
Av. Presidente Wilson, 147 - Centro
20030-020 Rio de Janeiro, RJ
Phone: (21) 2292-7117
Fax: (21) 2524-1972

**U.S. CONSULATE
RECIFE,**
Rua Goncalves Maia, 163 - Boa Vista
50.070-060 - Recife, PE
Phone: (81) 3421-2441
Fax: (81) 3231-1906

U.S. CITIZEN REGISTRATION FORM

The information you provide will be subject to the Privacy Act (PA) of 1974, as amended, and may not be disclosed by the Department of State to a third party unless you have consented in writing or the disclosure is otherwise authorized by the PA, such as pursuant to a routine use. Authorized disclosures may include disclosure to personnel of the Department of State on a need-to-know basis, or to other lawful authority to gain access to such information in the lawful performance of their duties.

Name(Last/ First/ Middle)			SSN		
Place of Birth		Date of Birth		Occupation	
US PPT Number		Date of Iss.	Place of Iss.		Expiration date
US Mil. Service (dates)		Naturalization Certificate:			Date of Nat.
Height	Hair Color		Eye Color		
Full name of father		Date of Birth	Place of Birth		Nationality
Full name of mother		Date of Birth	Place of Birth		Nationality
Full name of spouse		Date of Birth	Place of Birth	Nationality	Marriage (place/date)
US PPT Number (spouse)		Date of Iss.	Place of Iss.		Expiration date
Local Address		City/State/Zip		Length of Stay	Dep. Date from Brazil
Local Phone		Fax		E-mail	
Business Address (local)			City/State/Zip		Fax
US Address			City/State/Zip		Phone
Emergency Contact (Name)		Relationship		Phone	
Emergency Contact's Address			City/ State		Zip
Name of Children		Date of Birth	Place of Birth	Nationality	US PPT Number

I hereby authorize the U.S. Embassy/Consulate to provide information concerning my welfare/whereabouts as required by the Privacy Act of 1974 to:

	Yes	No
Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>
Members of Congress	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Warden System	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

Signature and date