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SMART TRAVELER ENROLLMENT PROGRAM

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