



AMERICAN CONSULAR SERVICES REGISTRATION

US Embassy Dili, Timor-Leste



NAME _____		SURNAME	GIVEN NAME
ALIAS/MAIDEN NAME _____		SURNAME	GIVEN NAME
ADDRESS IN EAST TIMOR _____ _____			
COMPANY NAME _____			
ADDRESS _____			
PHONE/EMAIL _____			
PHONE/OTHER CONTACT INFO		PASSPORT INFORMATION	
RESIDENCE _____	WORK _____	CELL/OTHER _____	EMAIL _____
SURNAME (if different from above) _____		GIVEN NAME (if different from above) _____	
PASSPORT NUMBER _____		ISSUE DATE/PLACE _____	
EXPIRY DATE _____			
OTHER INFORMATION			
GENDER _____	DATE OF BIRTH _____	PLACE OF BIRTH (City/State) _____	SOCIAL SECURITY NUMBER _____
HEIGHT _____	HAIR COLOR _____	EYE COLOR _____	MARITAL STATUS _____
			NATIONALITY _____ <small>(if different from "USA")</small>
TRAVEL PLANS			
ARRIVAL DATE _____	DEPARTURE DATE _____	LENGTH OF STAY _____	PURPOSE OF VISIT _____
MEDICAL CONDITIONS _____			

IN CASE OF EMERGENCY NOTIFY (generally someone not traveling with you)			
NAME _____		SURNAME	GIVEN NAME
RELATIONSHIP TO YOU: _____			
PERMANENT ADDRESS _____ _____			
PHONE/OTHER CONTACT INFO			
RESIDENCE _____	WORK _____	EMAIL _____	FAX _____

Please fax this form to +670 331 3206
 Email: ConsDili@state.gov Tel: +670 332 4684 After hr Emergency: +670 723 1328
 Online registration: <https://travelregistration.state.gov/>

**Please see Privacy Act Release on following page
PRIVACY ACT RELEASE**

The Department of State is committed to ensuring that any personal information received by our overseas embassies and consulates pursuant to the registration process, whether in person or otherwise, is safeguarded against unauthorized disclosure

The data that you provide the Department of State is subject to the provisions of the Privacy Act (5 USC 552a). This means that the Department of State will not disclose the information you provide us in your registration application to any third parties unless you have first given us written authorization to do so, or unless the disclosure is otherwise permitted by the Privacy Act.

AUTHORITY: 22 U.S.C. 2715, and 22 U.S.C 4802 (b)

PURPOSE: To notify US citizens in the event of a disaster, emergency or other crisis, and for evacuation coordination.

The information solicited on this form may be made available as a routine use to appropriate agencies whether federal, state, local, or foreign, to assist the Department in the evacuation or provision of emergency services to US citizens, or for law enforcement and administration purposes or pursuant to court order. The information is also made available to private US citizens, known as wardens, designated by the US Embassy to assist in communicating with the American community in an emergency. For a complete statement of routine uses to which this information may be put, see the Prefatory Statement of Routine Uses and the listing of routine uses set forth in the systems description for Overseas Citizens Services Records (State-05), found at <http://foia.state.gov/issuances/priviss.asp>

I do not authorize the State Department to disclose my information to anyone except as authorized by law.

I agree to allow the State Department to disclose my information to (please circle)

Yes	No	Family Members
Yes	No	Friends
Yes	No	Legal Representative
Yes	No	Media
Yes	No	Medical Representative
Yes	No	Members of Congress
Yes	No	Other

Comments: *(to specify individuals, explain or clarify response, or describe selection of "other")*

(Printed Name)

(Signature)

(Date)

PLEASE PRESENT YOUR PASSPORT OR PHOTOCOPY OF THE INFORMATION PAGE OF YOUR PASSPORT WITH THIS REGISTRATION CARD TO THE EMBASSY'S CONSULAR SECTION OR SUBMIT BY FAX