Embassy of the United States of America
Manila, Philippines

REGISTRATION FORM

(Date of Registration :_____)

☐ **PERMANENT**
(Will stay in the Philippines for more than four months)

☐ **TEMPORARY**
(Will stay in the Philippines four months or less)

FULL NAME: _____,_____ Last Name First Name Middle		DATE & PLACE OF BIRTH US PASSPORT NUMBER
LOCAL ADDRESS		LOCAL PHONE NO.:
E-MAIL ADDRESS		SEX:
U.S. ADDRESS:		U.S. PHONE NO.:
OCCUPATION:	COMPANY NAME	COMPANY PHONE NO.:
COMPANY ADDRESS		COMPANY FAX NO.:

Submit this form along with a copy of the **biographic page** of **you and your dependents' U.S. passports** to Window ACS-4 of the American Citizens Services at the U.S. Embassy; or mail them to American Citizens Services, U.S. Embassy, 1201 Roxas Blvd., Manila or via fax at (02) 522-3242.

U. S. CITIZEN DEPENDENTS RESIDING WITH THE REGISTRANT:

Name	*Relationship*	*Date ofBirth.* *(mo/day/year)*

EMERGENCY CONTACT INFORMATION	
CONTACT PERSON/NEXT OF KIN:	RELATIONSHIP
CONTACT PERSON'S ADDRESS	CONTACT PERSON'S PHONE NO.:

FOR OFFICE USE ONLY

PLEASE SIGN HERE:

_____

For office use only: Stamp "citizenship approved/passport issued" here:

☐ New Registration
☐ Renewed/Updated Registration w/ record in warden database