

EMBASSY OF THE UNITED STATES OF AMERICA

P.O. Box 202, Madinat Al Sultan Qaboos 115, Sultanate of Oman
Tel: 698-989; Fax: 699-189; E-mail: aemctens@omantel.net.om

U.S. Citizen Registration Card (One card per family) Date: _____
Month/Day/Year

Name: _____ Sex: _____
Last First Middle

Date & Place of Birth: _____, _____, _____, _____
Month/Day/Year City State Country

SSN #: _____ Occupation: _____ Nationality: _____

U.S. Passport Details: _____, _____, _____, _____
Passport # Place of Issue Date of Issue Date of Expiry

Employer in Oman: _____ Type of Business: _____

Mailing address: _____

Work Phone: _____ Work fax: _____ Mobile: _____

Internet Email address: _____

Home address in Oman: Way # _____, Hse/Bldg/Villa # _____, Apt # _____

Area: _____ Home phone: _____ Home fax: _____

U. S. address (if any): _____

Work Phone: _____ Home Phone: _____ E-mail: _____

Next of Kin in U. S.: _____ Relationship: _____

Address: _____

Work Phone: _____ Home Phone: _____ E-mail: _____

List all family members residing in Oman individually

Spouse's name: _____ Occupation: _____

Date & Place of Birth: _____ Nationality: _____

Spouse's SSN#: _____

Passport Details: _____, _____, _____, _____
Passport Place of Issue Date of Issue Date of Expiry

Spouse's Employer: _____ Type of Business: _____

Employer's Address: _____

Work Phone: _____ Home Phone: _____ E-mail: _____

Other Family Members:

1) Name: _____ Relationship: _____ SSN #: _____

Date & Place of Birth: _____ Nationality: _____

Passport Details: _____, _____, _____, _____
Passport # Place of Issue Date of Issue Date of Expiry

2) Name: _____ Relationship: _____ SSN #: _____

Date & Place of Birth: _____ Nationality: _____

Passport Details: _____, _____, _____, _____
Passport # Place of Issue Date of Issue Date of expiry

3) Name: _____ Relationship: _____ SSN #: _____

Date & Place of Birth: _____ Nationality: _____

Passport Details: _____, _____, _____, _____
Passport # Place of Issue Date of Issue Date of expiry

4) Name: _____ Relationship: _____ SSN #: _____

Date & Place of Birth: _____ Nationality: _____

Passport Details: _____, _____, _____, _____
Passport # Place of Issue Date of Issue Date of expiry

5) Name: _____ Relationship: _____ SSN #: _____

Date & Place of Birth: _____ Nationality: _____

Passport Details: _____, _____, _____, _____
Passport # Place of Issue Date of Issue Date of expiry

Do you wish to waive your Privacy Act Rights so that information such as your telephone numbers/addresses may be released to:

1) Relatives? _____ Yes _____ No 2) Friends? _____ Yes _____ No 3) for all purposes? _____ Yes _____ No

Do you wish to be included in the Embassy's Social Network so that you will receive information about Embassy-sponsored events? _____ Yes _____ No

PRIVACY ACT STATEMENT

The information requested on this form is solicited pursuant to Section 2658 of Title 22 of the United States Code, Section 71.1 of Title 22 of the Code of Federal Regulations, and Executive Order 11295 of August 5, 1966. The principal purpose for this information is to create an official record of United States citizenship which will enable consular and diplomatic officers to furnish promptly and efficiently all services which are the inherent right and privilege of such citizenship. Specific purposes for the collection of this information include: establishment of entitlement to a U. S. passport, issuance of reports of birth to citizen children born abroad, dissemination of information concerning nationality laws that might affect the nationality status of the registrant, establishment of entitlement to services consistent with United States citizenship in event of the registrant's death, and protection and assistance to U. S. citizens abroad, particularly in emergency situations. The information is made available on a need -to-know basis to personnel of the Department of State and as a routine use to other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, and to wardens designated by consular officials at U.S. Embassies or other foreign service posts. Furnishing the information on this form is voluntary, but failure to do so may preclude or impair U.S. Government officials or other designated representatives from providing the services described in the first paragraph of this statement.

Expected date of departure from Oman: _____ Signature: _____

Note: To register with the Embassy, please complete the above registration form and fax or mail to the consular section.