

WARDEN REGISTRATION CARD

PLEASE COMPLETE THIS REGISTRATION CARD AND RETURN IT TO THE OFFICE OF AMERICAN SERVICES WITH A PHOTOCOPY OF YOUR U.S. PASSPORT.

Office of American Services
 Attention: REGISTRATIONS
 2, rue Saint Florentin
 75382 Paris Cedex 08

(Metro: Concorde)

TEL: 01 43 12 4942 / 4876

FAX: 01 42 96 28 39

WEB/ E-mail: www.amb-usa.fr / citizeninfo@state.gov

Surname		First & Middle Name		Suffix
Local Address in France				
City		Care of (school....)	Zip Code	Country FRANCE
Gender:	MALE FEMALE	Social Security Number		
Date of Birth (MM/DAY/YYYY)		Place of Birth (City/Town, State, Country)		
Home Phone Number (in France)		Work Phone Number (in France)	E-mail (please print clearly)	
PASSPORT #	DATE OF ISSUE	DATE OF EXPIRY	PLACE OF ISSUE	
Departure Date from France: MUST BE COMPLETED		Duration of stay in France (check your visa): ___ weeks ___ months ___ years	Resident: Yes / No	Purpose of Visit: (Tourism, study Business, other) (check your visa)

EMERGENCY CONTACT INFORMATION

Surname		First Name	
Emergency Contact Address		City	
Zip Code	State	Country	
Relationship		Phone Number	
			MEDICAL ALERT YES NO

COMMENTS:

PRIVACY ACT WAIVER (MUST BE COMPLETED) In the event this office is contacted by family or friends inquiring as to my welfare or whereabouts, I DO or DO NOT authorize release of the information contained in this card: (See Reverse for text of Privacy Act.)	FULL Waiver		NO Waiver		LIMITED Waiver (check below)	
	Family	Congress	Legal Representative	Medical		
	Date:		SIGNATURE:			

REGISTRATION PROCEDURES

Registration will make your presence and whereabouts known in case it is necessary to contact you in an emergency. No information on your whereabouts will be released without your authorization. When you register, be sure to bring your U.S. passport with you to the Embassy or Consulate or you may send a copy of the first two pages of your passport (so that your name, photo and signature are visible) with your completed registration form. If your passport is lost or stolen, registration will also make replacement easier and faster.

DEPARTMENT OF STATE PRIVACY ACT STATEMENT

The information solicited on this form is authorized by those statutes of the United States which govern the acquisition and loss of the United States nationality, the issuance and denial of United States passports and related facilities, and the violation of those laws; including but not limited to those statutes codified in Titles 8, 18 and 22, United States Code, and all predecessor statutes whether or not codified, and regulations issued pursuant to Executive Order 11205 of August 5, 1966.

The primary purpose for which the information is intended is to establish citizenship, identity and entitlement to issuance of a United States passport or related facilities, and to properly administer and enforce the laws governing the acquisition and loss of United States nationality, issuance and denial of United States passport and related facilities, and violations of those laws.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, pursuant to a subpoena or court order directing the production of such information, and as set forth in the Federal Register Volume 40, (pages 40474 and 40475).

Failure to provide the information requested on this form may result in the denial of a United States passport, related document or service.

SOCIAL SECURITY NUMBER: A Social Security number cannot be required. Due to the tremendous volume of applications processed annually, frequently two or more individuals will have identical names and dates of birth. In cases of emergencies, lost or stolen passports, the Social Security number may be used as a secondary means of identification and assist the Department of State in differentiating these individuals.