

U.S. CONSULATE GENERAL, VLADIVOSTOK

Tel: (4232) 30-00-70

Fax: (4232) 30-00-91

Email: vladcons@state.gov

REGISTRATION FORM

Arrival Date _____ Date Plan to Leave Russia _____

Name _____

Birth Place _____ Date of Birth _____
state/country day/month/year

S.S. # _____ U.S. Passport # _____

Iss./Exp. Date _____/_____ Place of Iss. _____

Status in Russia: Tourist__ Business__ Student__ Missionary__ Dependent__ Other__

Address in Russia _____

Organization with which you are affiliated _____

Home Phone/fax/email _____

Business Phone
/fax/email _____

Emergency Contact in the States _____ Relationship _____

Address _____ Phone/fax/email _____

PLEASE CAREFULLY CONSIDER THE QUESTIONS BELOW BEFORE ANSWERING.

DO YOU WISH TO WAIVE YOUR RIGHT TO PRIVACY?

Note: The information you have provided is protected as confidential and cannot be released, even to relatives, without your consent. **Please Note:** Your name and phone number will be given to a warden in order that they may contact you in case of emergency.

____ Yes, I consent to release this information to all people who inquire

____ No, I do not waive my right to privacy.

____ I wish to release this information only to the following individuals:

_____ (Signature)

_____ (Date)