

REGISTRATION

of U. S. citizens residing in Niger, West Africa

Tick one: NEW UPDATE

(As shown in first page of your passport. If name was amended on another page, state the new name)

Name	Surname	Given Names	Suffix (Jr/2 nd /3 rd)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias	<input type="text"/>	<input type="text"/>	Social Security No. <input type="text"/>

Date of birth (mon/day/yr)	<input type="text"/>	Place of birth (city/state/country)	<input type="text"/>
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Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Height (ft/in): <input type="text"/>	Hair color: <input type="text"/>	Eyes color: <input type="text"/>
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Passport No.: <input type="text"/>	Date of issue: (mon/day/yr) <input type="text"/>	Place of issue: (city/country) <input type="text"/>
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Present local address & affiliation:

Local contact numbers: (including area code)	Telephone	Mobile	Fax
Residence:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital status: single married divorced separated widowed

FAMILY MEMBERS

Spouse:

Surname	Given Names	Social Security No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.	Date of issue	Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Children:

Surname	Given Names	Social Security No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.	Date of issue	Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname	Given Names	Social Security No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.	Date of issue	Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname	Given Names	Social Security No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.	Date of issue	Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname	Given Names	Social Security No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.	Date of issue	Place of issue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact

Declined to provide contact

Surname	Given Names	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Telephone/Mobile	
<input type="text"/>	<input type="text"/>	

Intended length of stay in Niger

Please read, complete and sign the Privacy Act Waiver on the reverse.



EMBASSY OF THE UNITED STATES OF AMERICA

Consular Section, Rue des Ambassades, B.P. 1120, Niamey, Niger.

Tel: (227) 72-26-61 through 72-26-64

Fax: (227) 73-31-67 or 72-31-46

Email address: usemb@intnet.ne.

REGISTRATION OF AMERICAN CITIZENS ABROAD

By registering at a U.S. consular office, you create a local record of your citizenship. This record is helpful if you need to replace a lost, stolen or expired passport and if we need to contact you because of an emergency. You are not obligated to register. All registration records are protected by the Privacy Act and information will not be released to anyone except as you have designated and in compliance with the Privacy Act (as explained below).

Registration is accomplished by submitting your original current passport with a completed form (see reverse). Photo/fax copies of your passport(s) will not be accepted. One registration form can cover your entire family.

Office hours for registration are from 8:00AM to 4:30 PM, Monday to Friday (except Nigerien and U.S. public holidays).

You may also use this form to update any information you previously provided, e.g. change of address and phone numbers, emergency contact, etc. Your record will be kept at this office for the duration of your stay in our consular districts, or the validity of your passport. Please remember to update your information if you extend your stay and wish to remain registered with this office.

PRIVACY ACT

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, the Consulate General cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act.

The information on the registration form is authorized by 22 USC 2658 and is solicited primarily to establish your citizenship, identity, and entitlement to welfare and protection services provided by the U.S. government. This information may be made available on a need-to-know basis, to personnel of the Department of State and other U.S. Government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, pursuant to a court order, or as set forth in 22 CFR 171 (Freedom of Information Act regulations). Failure to provide the requested information may make it difficult or impossible for the Department of State to assist you.

On the registration form, you are asked to indicate the extent to which you wish to waive your Privacy Act rights by **ticking** the appropriate boxes, then signing and dating below. Only you and your U.S. citizen spouse are required to sign, children age 18 or over should complete a separate form of their own. You have the following options:

- No waiver: no information would be released except as noted above;
- Full waiver: any information provided on this form may be released to anyone making request;
- Limited waiver: information released only to your choice of members.

<u>No Waiver</u>	<u>Full Waiver</u>	<u>Limited Waiver:</u>				<u>Name</u>	<u>Signature</u>
		Family	Media	Congress	Other *		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
*Specify <input type="text"/>							Date (month/day/year) <input type="text"/>