Embassy of the United States of America

Bul: Ilinden bb
1000, Skopje, Macedonia
Tel: 389 2 3116 180
Fax: 389 2 3213 767
Email: consularskopje@state.gov

U.S. Citizen Registration Form

Please provide as much information as possible and attach a copy of your passport.

NAME (Last, First, Middle) _____

Name/Relationship of accompanying family members (please complete a separate form for each individual)
_____

_____

Place of birth_____ Date of birth_____
City State Country

SSN#_____

U.S. passport number_____ Date of Issuance _____

Place of Issuance _____ Date of Expiration _____

Local address (for Skopje **only**, please include neighborhood area) _____

_____

Local Phone Contact Number(s) _____

E-mail Address _____

Length of stay _____ Departure Date _____

Purpose of visit: /Private/ /USAID contract/ /contract/ /student/ /clergy/ /other/

Occupation _____ Medical Alert _____

EMERGENCY INFORMATION

Name of emergency contact _____ Relationship _____

Address _____ Phone Number _____

In accordance with the provisions of the Privacy Act of 1974 (PL-93-579) I hereby authorize the U.S. Embassy in Skopje and the State Department to release any information pertaining to me and my present situation to the following:

☐ Family members ☐ Legal representative ☐ Media

☐ Congress ☐ Other parties (specify)_____

_____ _____
(Signature) **(Date)**