

**UNITED STATES EMBASSY**  
**KAMPALA , UGANDA**  
**REGISTRATION FORM**

Name (Last, First, Middle): \_\_\_\_\_  
Other Names Used : \_\_\_\_\_  
Nationality : US and \_\_\_\_\_ Place of Birth : \_\_\_\_\_  
Social Security Number : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Date of Arrival in Uganda : \_\_\_\_\_ Occupation : \_\_\_\_\_  
Reason : \_\_\_\_\_ Approximate Departure Date : \_\_\_\_\_  
Sex : (Circle one) : Female or Male

**PASSPORT INFORMATION**

Passport Number : \_\_\_\_\_ Date Issued : \_\_\_\_\_  
Date Expires : \_\_\_\_\_ Place of Issue : \_\_\_\_\_

**ADDRESS IN UGANDA**

Mailing Address : \_\_\_\_\_ Work Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
Area of Kampala (or District) : \_\_\_\_\_ Email : \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name (Last, First, Middle) : \_\_\_\_\_  
Relationship : \_\_\_\_\_ Next of Kin (Circle one) Yes or No  
Telephone Number : \_\_\_\_\_ Missionary Organization (if applicable);  
Address : \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_  
Country : \_\_\_\_\_ Address: \_\_\_\_\_  
Tel: \_\_\_\_\_

**Family members residing with you in Uganda**

Name :	Date/Place of Birth :	Passport Number :	Date/Place of Issue :
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____