

**U. S. Embassy, American Citizen Services, Consular Section,**  
**Madani Avenue, Baridhara, Dhaka-1212, Bangladesh**  
 c/o Department of State Washington, DC 20521-6120

# American Citizen Registration

GPO Box 323 Dhaka 1212

TEL [880](2) 882-3805 FAX [880](2) 882-4449

Print all information and sign on both pages. Attach a passport-sized photograph, a copy of the data and visa page of your U.S. passport. Individuals may also wish to attach a map of their location to help your Warden or the Embassy contact you in the event of an emergency. **Individual traveling alone or as part of a group must fill out one Registration Form for each and attached one passport-size photograph each and, a copy of data and visa page of each U.S. passport with their respective form. A family traveling together should fill out only one Registration Form but, attach a passport-size photograph, a copy of data and visa page of U.S. passports for each family members.** Registration Forms can be submitted in person, Sundays thru Thursdays, 1:00 to 4:00 pm or by fax at [880](2) 882 4449 or E-mail at [DhakaW@state.gov](mailto:DhakaW@state.gov). Information on Warden System and Privacy Act are on the reverse.

NAME (EXACTLY AS ON PASSPORT), LAST		FIRST	MIDDLE	OFFICE USE ONLY <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> PHOTO <input type="checkbox"/> PPT <input type="checkbox"/> FAMILY REC'D  DATA ENTRY (DATE-INITIALS) ..... ..... .....		
TITLE	ALIAS		SSN			
<input type="checkbox"/> Male <input type="checkbox"/> Female	PLACE OF BIRTH (CITY & COUNTRY)	DATE OF BIRTH	NATIONALITY <input type="checkbox"/> BANGLADESH	<input type="checkbox"/> USA <input type="checkbox"/>		
U.S. PASSPORT NUMBER		PLACE OF ISSUE	DATE ISSUED	DATE EXPIRES		
PASSPORT <input type="checkbox"/> Regular	<input type="checkbox"/> Official <input type="checkbox"/> Diplomatic	HEIGHT	WEIGHT	HAIR COLOR	EYES COLOR	MARITAL STATUS
BGD VISA Visitor	<input type="checkbox"/> Employment <input type="checkbox"/> Not Required	NUMBER	DATE ISSUED	DATE EXPIRES		
ARRIVAL DATE	PLACE OF ARRIVAL	DEPARTURE DATE	PROFESSION / OCCUPATION			
ANTICIPATED LENGTH OF STAY		<input type="checkbox"/> Days	<input type="checkbox"/> Weeks	<input type="checkbox"/> Months	<input type="checkbox"/> Years	<input type="checkbox"/> Indefinitely
PURPOSE OF VISIT		<input type="checkbox"/> Tourism	<input type="checkbox"/> Business	<input type="checkbox"/> Family	<input type="checkbox"/> Residence	<input type="checkbox"/>

BANGLADESH RESIDENCE		BANGLADESH MAILING ADDRESS		BANGLADESH BUSINESS ADDRESS	
C/O		C/O		BUSINESS NAME	
BUILDING	STREET	BUILDING	STREET	BUILDING	STREET
CITY		CITY		CITY	
DISTRICT	POSTAL CODE	DISTRICT	POSTAL CODE	DISTRICT	POSTAL CODE
TELEPHONE		TELEPHONE		TELEPHONE	
FAX		FAX		FAX	
EMAIL		EMAIL		EMAIL	

PERMANENT ADDRESS IN USA		EMERGENCY CONTACT IN USA		EMERGENCY CONTACT IN BANGLADESH	
C/O		NAME	RELATIONSHIP	NAME	RELATIONSHIP
BUILDING	STREET	STREET		STREET	
CITY		CITY		CITY	
STATE	POSTAL CODE	STATE	POSTAL CODE	DISTRICT	POSTAL CODE
TELEPHONE		TELEPHONE		TELEPHONE	
FAX		FAX		FAX	
EMAIL		EMAIL		EMAIL	

**Family Members traveling or residing with you. Attach, for each, one photograph and a photocopy of the passport data page.**

FULL NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	PASSPORT NUMBER

I certify that this information is complete and accurate, and I have read and signed the Privacy Act Waiver on the reverse of this sheet.

Signature .....

Date .....

U. S. Embassy, American Citizen Services, Consular Section,  
Madani Avenue, Baridhara, Dhaka-1212, Bangladesh

## Citizen Registration and Warden System

c/o Department of State Washington, DC 20521-6120

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### Citizen Registration

We recommend that all U.S. citizens register (the form is on the reverse). Registration is voluntary, but it is very useful if your passport is lost or stolen, or if you or your family need to be notified in the event of a personal emergency here or in the U.S. Registration also allows the Embassy to know more accurately the number and location of American citizens, which could be extremely important in a general emergency (see information on the Warden System, below). Registrants should be aware that under the terms of the Privacy Act, consular officers can release any information only when authorized to do so by the individual citizen concerned. A Privacy Act Release allowing disclosure of information is below and should be executed at the time of registration.

### Warden System

The Warden System is a network of American volunteers who assist the Embassy in rapidly disseminating official U.S. Government information to American citizens in Bangladesh during emergencies. Receipt of such information was critical for many Americans during the September 11 bombing and Anthrax cases on October 2002. Warden systems have also been activated in many countries to convey information on terrorist threats.

Wardens are assigned to a geographic Zone. The Warden undertakes to convey official information from the embassy to the registered American citizens in his Zone whenever the System is activated. In most cases, contact is made by e-mail, but sometimes it is necessary to contact American citizens by telephone. Because many zones are large or contain many Americans, Wardens frequently enlist the aid of other Americans living in the zone to serve as Sub-Wardens. Citizens interested in volunteering should contact the ACS unit in the Embassy Consular Section.

Wardens can only contact Americans if the latter have registered with the Embassy. Americans are therefore encouraged to register and ensure that their contact information is up-to-date. Registration information is protected under the Privacy Act and can be used by Wardens only in the execution of their volunteer duties. Registered Americans who are unfamiliar with, or who have not been contacted by, their zone Warden or Sub-Warden should contact the American Citizen Services unit in the Consular Section.

#### PRIVACY ACT RELEASE

In accordance with the 1974 Privacy Act (PL 93-579), a Foreign Service post 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. Therefore, it is requested that you complete the authorization below, specifying whom the post may contact and release information. Please return the completed authorization with your Registration to the Consular Officer or to the Embassy.

#### PRIVACY ACT NOTICE

The information requested is authorized by 22 USC 2658 and is voluntary. The primary purpose for soliciting the information is to establish your citizenship, identify, and entitlement to welfare and protection services 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 Government agencies having jurisdiction in the performance of their official duties. It may also be made available to officials of the host government, should the disclosure of such information be considered to be in your interest. Failure to provide the information requested on this form, may make it difficult or impossible for the Department of State to assist you.

#### AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

In accordance with the Privacy Act of 1974, I do hereby authorize the American Embassy at Dhaka and the Department of State, to release information about my welfare and whereabouts to the following:

##### A. Names, addresses, and phone numbers of person(s) you wish the Embassy to contact:

PERSON 1 RELATIONSHIP	PERSON 2 RELATIONSHIP	PERSON 3 RELATIONSHIP
STREET	STREET	STREET
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
TELEPHONE A FAX	TELEPHONE A FAX	TELEPHONE A FAX
TELEPHONE B FAX	TELEPHONE B FAX	TELEPHONE B FAX
EMAIL	EMAIL	EMAIL

##### B. In the event other parties request information regarding my situation, information can be released to those listed below.

Information will be released to the parties listed below only if they request it and if we have your authorization to do so.

- Anyone     Family     Congress     Legal Rep  
 No One     Media     Medical     Only .....     Other .....

.....  
(Name, Printed)

.....  
(Signature)

.....  
(Date)