EMBASSY OF THE GABONESE REPUBLIC
TO THE UNITED STATES · WASHINGTON, D.C.

CONSULAR REGISTRATION FORM

IDENTITY

Full name

Given name(s)

Date and place of birth

Other nationality(ies)

Occupation

Marital status

Number of child(ren)

Distinguishing mark(s)

CONTACT DETAILS

Postal address

Tel. / Mobile

E-mail

Person to contact in case of emergency (in the United States and in Gabon)

No. and validity date of the Gabonese passport

Consular card

I want a consular card ☐ I do not want a consular card ☐

PARENTAGE

FATHER

Surname(s) and given name(s)

Nationality

MOTHER

Surname(s) and given name(s)

Nationality

Date of arrival in the United States

I solemnly declare that the information provided above is accurate and complete.

Done at

On

Name and signature

N.B.: attach copies of the first three (03) pages of the Gabonese passport, the Gabonese birth certificate and the Moroccan residence permit / passport, as well as two (02) biometric passport photographs.