



إستمارة طلب التسجيل القنصلي
APPLICATION FOR CONSULAR REGISTRATION

TYPE OF REQUEST: TRANSFER OF FILE ☐ FIRST TIME REGISTRATION ☐ REGISTRATION RENEWAL ☐

APPLICANT CIVIL STATUS

First Name in Arabic : _____ Family Name in Arabic : _____
First Name in Latin : _____ Family Name in Latin : _____
Original Nationality : _____ Current Nationality : _____ Date of Birth : _____ السنة / الشهر / اليوم dd / mm / yyyy
Country of Birth : _____ City : _____ State : _____
Gender & Marital Status : Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ widowed ☐
Spouse Family Name in Latin: _____ Spouse Family Name in Arabic : _____

FATHER'S INFORMATION

First Name in Latin : _____ First name in Arabic : _____
Original Nationality : _____ Current Nationality : _____ Date of Birth : _____ dd / mm / yyyy
Country of Birth : _____ City : _____ State : _____

MOTHER'S INFORMATION

First Name in Arabic : _____ Family Name in Arabic : _____
First name in Latin : _____ Family Name in Latin : _____
Original Nationality : _____ Current Nationality : _____ Date of Birth : _____ dd / mm / yyyy
Country of Birth : _____ City : _____ State : _____

EMERGENCY CONTACT IN USA

Emergency Contact's Name : _____ Phone Number : _____
Contact's Address : _____ City : _____ State : - Zip code : _____

APPLICANT CONTACT INFORMATION IN USA

Address in USA : _____ City : _____ State : - Zip code : _____
Phone Number : _____ Email : _____

ACADEMIC AND PROFESSIONAL BACKGROUND

Academic level : _____ Degree : _____
Last profession in Algeria : _____ Last Employer in Algeria : _____
Employer's Address Algeria : _____ Municipality: _____ Province: _____ Postal code: _____
Current profession in USA : _____ Employer in USA : _____
Employer's Address in USA : _____ City : _____ State : - Zip code : _____

APPEARANCE

Blood Type : - Height : _____ only in cm Eye Color : - Hair Color : -

GREEN CARD / US PASSPORT / OTHER RESIDENCY DOCUMENTS

Document Number : _____ Type : - Issuance date : _____ dd / mm / yyyy Exp date : _____ dd / mm / yyyy

ALGERIAN PASSPORT AND ID CARD

Passport Number : _____ Issuance date : _____ dd / mm / yyyy Exp date : _____ dd / mm / yyyy By: _____
ID card Number : _____ Issuance date : _____ dd / mm / yyyy Exp date : _____ dd / mm / yyyy By: _____

OTHER INFORMATION (Regarding file transfer)

Previous registration Number : _____ Name of Embassy or Consulate : _____
Date of First Arrival to USA : _____ dd / mm / yyyy Date of First Registration: _____ dd / mm / yyyy Have you benefited from CCR? Yes ☐ No ☐

Applicant's Signature

dd / mm / yyyy
Date: _____

X