



Bahamas Consulate General  
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## BAHAMIAN REGISTRATION FORM

Full Name (please print) \_\_\_\_\_

Circle One: Dr. Mr. Mrs. Ms. Miss Maiden Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

US Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Bahamian Passport Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Resident of The United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact in The Bahamas or USA \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_