



# CONSULATE GENERAL OF NIGERIA, NEW YORK, USA

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Passport  
Photograph

## REGISTRATION FORM FOR NIGERIANS IN THE USA

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Last Name	First Name	Other Names/Initials
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Maiden Names (if applicable)

\_\_\_\_\_

Address

\_\_\_\_\_

City	State	Zip Code
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Telephone #	Facsimile #
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Cellular/Mobile # (for emergency contact only)	E-Mail Address
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Date of Birth: (Month / Day / Year)	Passport Number:
Date of Issue:	Place of Issue:

**Sex:**  Male  Female      **Marital status:**  Married  Single  Others (specify)

Height (indicate ft / m):       Blood Group:

Other Medical conditions we should know, in case of emergency (specify):-----

Profession:	
Educational Qualifications with Date(s):	

**Employment/ Trade/ Vocation (Optional):** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

Web site Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Next-of-Kin in USA

Name:	
Relationship:	
Address:	
Telephone #:	

### Next-of-Kin in Nigeria

Name:	
Relationship:	
Address:	
Telephone #:	

### Permanent Address in Nigeria

Address:	
Telephone #:	

Signature-----

Date\_\_\_\_\_