Emergency Certificate

NAME IN FULL: _____

              FIRST NAME   MIDDLE INITIAL   SURNAME

DATE OF BIRTH: _____

              DAY   MONTH   YEAR

PLACE OF BIRTH: _____

HEIGHT: _____

         FEET   INCHES

COLOUR OF HAIR: _____

COLOUR OF EYES: _____

PECULIAR MARKS: _____

OCCUPATION: _____

ADDRESS IN THE U.S.A: _____

DESTINATION: _____

LEAVING DATE: _____

RETURNING DATE: _____

PHONE NUMBER/S: _____