



**The Consular Annex of the Embassy of The Bahamas
1025 Vermont Avenue NW, Suite 305
Washington, DC 20005**

Registration of Bahamians with U.S. Residency

Personal Information

Full Name: _____

Check One: Dr. Mr. Mrs. Ms. Miss

Maiden Name _____

Male Female

Date of Birth: Month _____ Day _____ Year _____

US Address: _____

City _____ State _____ Zip _____

Email: _____ | Phone #: _____

Bahamian Passport #: _____ | Date Issued _____

Place of Birth _____

Country of Citizenship _____

Resident of The United States? Yes No

Emergency Contact in The Bahamas or USA

Full Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____ | Phone #: _____