



**U.S. MILITARY RETIREE ASSOCIATION
OF SOUTHERN ITALY**

PSC 810, Box 406, FPO AE 09619

Dear Fellow Retiree and Family Member:

26 March 2003

The Department of State encourages all American citizens residing abroad to register their presence and obtain up-to-date information on security conditions at the nearest American Embassy or Consulate. This information does not pertain to military retirees who are in Italy as members of the U.S. Military Civilian Component Force.

I contacted the Naples American Consulate and was given the following information. Attached is an official Registration Application that you may fill out and fax to American Citizen Services (ACS) at the Naples American Consulate.

When filling out the form, please note that when you enter in your emergency contact information, you are in reality giving ACS permission to contact that person in the event of an emergency pertaining to your health and whereabouts. Be aware that ACS cannot discuss your case with anyone whom you do not specify. So, if you would like, you can attach another page with any additional people who you would like ACS to contact. Once you have completed the form, you can fax it to the Naples American Consulate (ACS) at 081-583-8275 along with a copy of your passport. If you are unable to fax the requested information, you can mail it to:

American Consulate General
American Citizen Services
Piazza della Repubblica
80122 Napoli

or

American Consulate General
American Citizen Services
PSC 810, Box 18
FPO AE 09619-0002

American Citizen Services also recommends that you register with the Rome Embassy email mailing list if you have not already done so. This is the quickest way to receive important information affecting you. The embassy website is www.usembassy.it. Any questions should be directed to Ms. Katherine Kelley, ACS Section, American Consulate General, Naples, Italy. Telephone: 081-583-8237.

WYLIE K. MILLER
President

REGISTRATION APPLICATION

Surname _____ Given Names _____

Date of Birth _____ Place of Birth _____

Gender : Male or Female Social Security No. _____

Local Address: _____
Street; City, State or Country, Zip Code

Phone No: _____ Work No: _____ E-mail: _____

Passport No. _____ Issued on: _____ at: _____ Validity : Full or Limited

Height _____ Hair Color _____ Eye Color _____

Departure Date _____ Length of Stay _____ Purpose of Visit _____

In Case of Emergency, Notify

Name: _____

Address: _____
Street; City, State or Country, Zip Code

Relationship: _____

Phone No: _____ Work No: _____

PRIVACY ACT STATEMENT

The information requested on this form is solicited pursuant to Section 2658 of Title 22 of the United States Code, Section 71.1 of Title 22 of the Code of Federal Regulations, and Executive Order 11295 of August 5, 1966. The principal purpose of this information is to create an official record of United States citizens which will enable consular and diplomatic officers to furnish promptly and efficiently all services which are the inherent right and privilege of such citizenship. Specific purposes for the collection of this information include: establishment of citizenship, establishment of entitlement to a U.S. passport, issuance of report of birth to citizens' children born abroad, dissemination of information concerning nationality laws that might effect the nationality status of the registrant, establishment of entitlement to services consistent with United States citizenship in event of the registrant's death, and protection of and assistance to U.S. citizens abroad particularly in emergency situations. The information is made available on a need-to-know basis to personnel of the Department of State and as a routine use to other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, and to wardens designated by consular officials at U.S. Embassies or other foreign service posts.

Furnishing the information of this form is voluntary, but failure to do so may preclude or impair U.S. government officials or other designated representatives from providing the services described in the first paragraph of this statement.

Date: _____

Signature _____