

Carnival®

BOARDING REGISTRATION FORM

SHIP NAME: _____ SAILING DATE: _____ BOOKING #: _____ STATEROOM #: _____

PLEASE PRINT	GUEST 1	GUEST 2	GUEST 3	GUEST 4	GUEST 5
First Name					
Middle Name					
Last Name					
Date of Birth					
Permanent Home Address					
City/State					
Country					
Zip (Postal Code)					
Home Phone Number					
Emergency Contact Name					
Relationship					
Telephone					
Country of Citizenship					
Document Type					
Document Number					
Country of Issuance					
Expiration Date					
Issue Date					
(Non-U.S.) Will you be leaving the U.S. immediately after the cruise?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Local address while in U.S. following cruise					