

PASSENGER INFORMATION AND HOMELAND SECURITY FORM

Booking # / Cruise # / Stateroom # _____

PLEASE COMPLETE AND RETURN THIS FORM IN THE ENCLOSED, POSTAGE PAID ENVELOPE AS SOON AS POSSIBLE.

This form is required for the United States Coast Guard and the Office of Homeland Security. If passport information is not available, a Driver's License Number may serve as a substitute. We look forward to seeing you onboard!

	First Passenger	Second Passenger			
Title					
Last Name					
First Name					
Middle Initial					
Preferred Name					
Street					
City, State, Zip					
Home Phone					
Cell Phone					
Email					
Date of Birth					
Passport/Driver's License Number					
Issuing Country					
Nationality					
Your cell phone number and email address are essential should we need to contact you before or during your cruise.					
Please provi	ide an emergency contact information for someo	ne not traveling with you			
Full Name					
Phone					
Relationship					

PLEASE COMPLETE BOTH SIDES



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(CONTINUED)

If ANY of your travel plans change, please call us at (800) 894-8570

Which type of transpor	tation will y	ou be taking to	the ship? Driving	Flying Train
FLIGHT/TRAIN INFORMATI	ON			
		to your cruise	Ending your cruise	
Train/Flight Leaves From				
Train/Flight Arrives To				
Date				
Time				
Airline/Flight number				
If driving to cruise:	Own car	Rental	Will be dropped off	
If arriving before departu	re day, where	e will you be stay	ring overnight?	
Which size bed would you	u prefer in yo		I am staying in a single state	room
Please list any special re	quirements o	r dietary needs:		
First Passenger:				
Second Passenger:				
Will you be celebrating a	special occa	sion with us? Ple	ease specify the date and na	ture of the celebration:
Are you traveling with fri	ends or acqu	aintances in othe	er staterooms? Yes	No. If so, please list their names:
Is there anything else we	should knov	ı?		

Please return this form as soon as possible in the enclosed "Customer Service" postage paid envelope. Forms may also be emailed to customerservice@americancruiselines.com or faxed to 1-203-453-7388. 050216

All forms must be received at least 60 days prior to departure.