

# PASSENGER IMMIGRATION FORM

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SAIL DATE \_\_\_\_\_ SHIP NAME \_\_\_\_\_ STATEROOM \_\_\_\_\_ CATEGORY \_\_\_\_\_ BOOKING # \_\_\_\_\_ EMBARKATION PORT \_\_\_\_\_ DISSEMBARKATION PORT \_\_\_\_\_

## DOCUMENTATION OF CITIZENSHIP/IMMIGRATION & TRAVEL HISTORY

The U.S. and foreign governments require that your name appears exactly as it is on your passport.

TITLE _____		FIRST NAME _____		MIDDLE NAME _____		LAST NAME _____		SUFFIX _____	
PRINCESS CAPTAIN'S CIRCLE MEMBER # _____		DATE OF BIRTH (MM/DD/YYYY) _____		E-MAIL ADDRESS _____				GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
PERMANENT HOME ADDRESS _____				APT# _____		CITY _____		STATE/PROVINCE _____ ZIP/POSTAL CODE _____	
COUNTRY _____				HOME TELEPHONE NUMBER (FOR NON-U.S. RESIDENTS, INCLUDE COUNTRY CODE) _____					
COUNTRY OF RESIDENCE (U.S. REQUIRES U.S. CITIZENSHIP OR ARC#) _____				STATE/PROVINCE/COUNTRY OF BIRTH _____					
CITIZENSHIP _____				ALSO RESIDENT OF U.S. ID CARD NUMBER _____					
PASSPORT NUMBER _____		DATE OF ISSUE (MM/DD/YYYY) _____		DATE OF EXPIRATION (MM/DD/YYYY) _____		COUNTRY OF ISSUE _____		ISSUING AUTHORITY _____	
U.S. VISA NUMBER _____		DATE OF ISSUE (MM/DD/YYYY) _____		DATE OF EXPIRATION (MM/DD/YYYY) _____		PLACE OF ISSUE _____			
POST-CRUISE ADDRESS WHILE IN U.S. (FOR NON-U.S. RESIDENTS) _____				CITY _____		STATE _____		ZIP CODE _____	

### 1. NOT INCLUDING THIS CRUISE, I HAVE:

- a. ☐ One or More Cruises b. ☐ Cruised Previously with Princess c. ☐ Cruised with Another Line

### 2. HAVE YOU EVER CRUISED WITH: (mark all that apply)

- a. ☐ Carnival b. ☐ Celebrity c. ☐ Commodore/Comet d. ☐ Costa e. ☐ Crystal  
 f. ☐ Cunard g. ☐ Disney h. ☐ Fantasy i. ☐ Holland America Line  
 j. ☐ Norwegian Cruise Line k. ☐ Premier l. ☐ Regency m. ☐ Royal Viking Line  
 n. ☐ Royal Cruise Line o. ☐ Royal Caribbean International p. ☐ Other \_\_\_\_\_

### 3. HOW LONG HAS IT BEEN SINCE YOUR LAST CRUISE?

- a. ☐ Under 1 Year b. ☐ 1 to 3 Years c. ☐ 3 to 5 Years d. ☐ 5+ Years

### 4. NOT COUNTING THIS CRUISE, HOW MANY TIMES HAVE YOU CRUISED TO?

- a. \_\_\_\_\_ Africa b. \_\_\_\_\_ Alaska c. \_\_\_\_\_ Australia/South Pacific d. \_\_\_\_\_ Bermuda  
 e. \_\_\_\_\_ Canada/Mex/England f. \_\_\_\_\_ Caribbean/Bahamas g. \_\_\_\_\_ Europe  
 h. \_\_\_\_\_ Hawaii i. \_\_\_\_\_ India j. \_\_\_\_\_ Mexican Riviera k. \_\_\_\_\_ Other/Other  
 l. \_\_\_\_\_ Panama Canal m. \_\_\_\_\_ South America n. \_\_\_\_\_ Tahiti o. \_\_\_\_\_ Other \_\_\_\_\_

### 5. WHERE WOULD YOU MOST LIKELY CRUISE NEXT? (mark all that apply)

- a. ☐ Africa b. ☐ Alaska c. ☐ Australia/South Pacific d. ☐ Bermuda  
 e. ☐ Canada/Mex/England f. ☐ Caribbean/Bahamas g. ☐ Europe  
 h. ☐ Hawaii i. ☐ India j. ☐ Mexican Riviera k. ☐ Other/Other  
 l. ☐ Panama Canal m. ☐ South America n. ☐ Tahiti o. ☐ Other \_\_\_\_\_

### 6. YOUR HIGHEST LEVEL OF EDUCATION ATTAINED:

- a. ☐ Some High School b. ☐ High School Graduate c. ☐ Post Graduate  
 d. ☐ Some College e. ☐ College Graduate

### 7. YOUR TOTAL ANNUAL HOUSEHOLD INCOME:

- a. ☐ Under \$20,000 b. ☐ \$20 - \$49,999 c. ☐ \$50 - \$74,999  
 d. ☐ \$75 - \$99,999 e. ☐ Over \$100,000

### 8. ARE YOU A:

- a. ☐ Travel Agent/Cruise Industry Employee b. ☐ Princess Cruises Employee/Relative/Friend

### 9. ANNIVERSARY DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

## CREDIT CARD INFORMATION

Providing us with this information establishes your shipboard account, expedites your check-in procedures and is kept confidential. Card must be valid for length of the cruise.

MY ACCOUNT WILL BE PAID BY: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DINERS ☐ DISCOVER

CARD HOLDER'S NAME _____		CARD NUMBER _____		EXPIRATION DATE (MM/YYYY) _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU THE CARD OWNER		STATEROOM OF CARD OWNER		ADDITIONAL PASSENGERS IN YOUR STATEROOM TO BE CHARGED TO THIS ACCOUNT	

## EMERGENCY CONTACT INFORMATION

The following information is required 14 days in advance of your cruise. Please provide the name of someone not traveling with you.

NAME _____		RELATIONSHIP _____		DAYTIME TELEPHONE NUMBER _____		EVENING TELEPHONE NUMBER _____	
ADDRESS OF EMERGENCY CONTACT _____		CITY _____		STATE/PROVINCE _____		ZIP/POSTAL CODE _____ COUNTRY _____	

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**RM Cervero**



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## **Table of Contents Passenger Immigration Form Princess Cruises**

1. Understanding the eBook Passenger Immigration Form Princess Cruises
  - The Rise of Digital Reading Passenger Immigration Form Princess Cruises
  - Advantages of eBooks Over Traditional Books
2. Identifying Passenger Immigration Form Princess Cruises
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Passenger Immigration Form Princess Cruises
  - User-Friendly Interface
4. Exploring eBook Recommendations from Passenger Immigration Form Princess Cruises
  - Personalized Recommendations
  - Passenger Immigration Form Princess Cruises User Reviews and Ratings
  - Passenger Immigration Form Princess Cruises and Bestseller Lists
5. Accessing Passenger Immigration Form Princess Cruises Free and Paid eBooks
  - Passenger Immigration Form Princess Cruises Public Domain eBooks
  - Passenger Immigration Form Princess Cruises eBook Subscription Services
  - Passenger Immigration Form Princess Cruises Budget-Friendly Options
6. Navigating Passenger Immigration Form Princess Cruises eBook Formats

- ePub, PDF, MOBI, and More
- Passenger Immigration Form Princess Cruises Compatibility with Devices
- Passenger Immigration Form Princess Cruises Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Passenger Immigration Form Princess Cruises
  - Highlighting and Note-Taking Passenger Immigration Form Princess Cruises
  - Interactive Elements Passenger Immigration Form Princess Cruises
- 8. Staying Engaged with Passenger Immigration Form Princess Cruises
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Passenger Immigration Form Princess Cruises
- 9. Balancing eBooks and Physical Books Passenger Immigration Form Princess Cruises
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Passenger Immigration Form Princess Cruises
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Passenger Immigration Form Princess Cruises
  - Setting Reading Goals Passenger Immigration Form Princess Cruises
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Passenger Immigration Form Princess Cruises
  - Fact-Checking eBook Content of Passenger Immigration Form Princess Cruises
  - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
- 14. Embracing eBook Trends
  - Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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web other family history blood relatives including great grandparents grandparents parents great aunts great uncles aunts

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