



Consulate General of Malaysia
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REGISTRATION FORM FOR MALAYSIAN CITIZENS IN U.S.A.

Registration Number: (For Office Use Only)				
Last Name:	First Name:	Middle Name:		
Other Name:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Date of Birth: <small>(DD/MM/YY)</small>	Place of Birth: <small>(State if born in Malaysia, Country outside of Malaysia)</small>			
Father's Name:		Mother's Name:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other: _____		Spouse Name:		
		Spouse Nationality:		
Present Address:		Home Tel:		
		Email:		
Business/Work Name & Address:		Work Tel:	Profession/Occupation:	
Permanent Address in Malaysia:				
Malaysian Passport No:	Place of Issue:		Date of Issue: <small>(DD/MM/YY)</small>	
Malaysian Identity Card No:		Date and Entry Point of Last Arrival in United States:		
Last Visit to Malaysia:		Current Visa Status:		
Emergency Contact in Malaysia Name:		Telephone No.:		
For Enrolled Students Only				
Name of Institution:		Address of Institution:		
Degree Type:	Study Duration:		Major Subject(s):	
Expected Date of Completion:			Award/Scholarship:	
Please date and sign completed form.				
Date:			Signature:	