

825 West Jackson Plaza, Morton, IL 61550 309-266-8383 - 309-689-8989 - Fax 309-266-8384 http://www.ToGoAway.com

IMMIGRATION/CITIZENSHIP FORM

Required 14 days before departure

Date of departure: :	Vendor or Cruis	se Line:
Destination or name of ship:		_
Booking confirmation number * :information)	(If you do not have this information, ToGoAway will complete this	
Name (1) Last	First	Middle Int
Name (2) Last	First	Middle Int
Passenger 1 Date of Birth	(DD/MM/YYYY) Citizenship	Birth Nation:
Passenger 2 Date of Birth	(DD/MM/YYYY) Citizenship	Birth nation:
Full Address		(Passenger #1, will be the lead name)
Phone: (H) _	(W)	
E-Mail address :		
ID Document type:		
Certified Birth Certificate: check i (Travelers are responsible for obtaining the	f applicable (Must have raised seal on i e acceptable identification required for	it) their specific travel itinerary)
Passport number:	#1 (Country of Issue) Passport nun	nber:#2 (Country of Issue)
Passport # 1 Issue date and location	Passport #2	Issue date and location
Passport Expiration Date #1:	Passport Expira	ation Date #2:
Emergency Contact:		
Name:	Emergency Contact pho	one number:
Emergency Contact E-Mail address:		
Return Travel Arrangements	* (If known)	
Return Airline carrier	Flt # Departure tin	me Airport
Other Transportation:Car	Bus Other	_
NON-US Citizens:		
Visa Number :	City where Visa was	s issued
Date Visa was issued:	Date Visa expires	
Destination in the US:		

