

# PASSENGER DOCUMENTATION FORM

(one form for each passenger)

Please print or type and return to us as soon as possible. Please fax a copy of this form to (858) 672-4505. The information requested is necessary for the tour credentials and overseas check-ins. This information will be kept strictly confidential.

NAME: (as it appears on your passport):

Title Last First Middle

NAME: (as you would like it to appear on your document):

Title Last First Middle

HOME ADDRESS: Street Address City State Zip

HOME TELEPHONE: FAX:

DATE OF BIRTH / / PLACE OF BIRTH: City State Country  
Month Day Year

NATIONALITY: IF NATURALIZED: Date Place

PASSPORT NO: DATE ISSUED: PLACE ISSUED:

Note: If passport has not yet been received, please forward this information as soon as available.

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

OCCUPATION: NAME OF FIRM (Optional):

**Important!** Do you have any physical limitations (hearing, eyesight, diabetes, medicine allergies, need a cane, wheelchair, or any other medical condition) that we should know about? If yes, please describe here (attach additional page(s) if required):

NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

RELATIONSHIP: TELEPHONE FAX:

ADDRESS: Street Address City State Zip

YOUR SIGNATURE: DATE:

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