



Application for
Qatari Citizen Registration

First Name: _____

Middle Name: _____

Last Name: _____

Blood Type: _____ Date of Birth (M/D/Y): _____

Spouse Name (only Qatari wives are covered): _____

Children and other accompanying travelers (Name and relationship to principal):

Correspondence (circle one):

- | | | | |
|-----------------------|----------------------|-----------------------|----------------------|
| 1. QP-Qatar Petroleum | 3. DO-Defense Office | 5. SO-Security Office | 7. HH-Hamad Hospital |
| 2. CA-Civil Aviation | 4. HA-High Authority | 6. Q.O.C. – O.S.S.O. | 8. SSS-Self Study |

Address: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Mobile: _____ email: _____

Comments or Declarations: _____

Emergency Contact

Name: _____

Address: _____

Phone: _____

I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief.

Name: _____

Signature: _____ Date: _____

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Along with this application please submit the following:

1. Copy of Qatari ID
2. Copy of Passport (and other family members)
3. Color 2'x2' Passport Photo without head cover.
4. Registration Letter with University or College

Please send these requirements via email to info@qatarembassy.net or mail them to the Embassy of the State of Qatar in Washington, DC.

Office Use Only:

File Number: _____

Office Number: _____

Insurance (circle one): YES NO

Supervisor Name: _____

Signature: _____

Date (M/D/Y): _____