

ONLINE CHECK-IN INFORMATION

PASSENGER ONE LEGAL NAME: _____ GENDER: _____

NATIONALITY: _____ : BIRTHPLACE: _____

PASSPORT INFORMATION: PASSPORT NUMBER: _____

COUNTRY THE PASSPORT WAS ISSUED IN: _____

PASSPORT ISSUE DATE: _____ PASSPORT EXPIRATION DATE: _____

IF TRAVELING WITH BIRTH CERTIFICATE:

STATE DRIVER LICENSE WAS ISSUED IN: _____

LICENSE ISSUE DATE: _____ LICENSE EXPIRATION DATE: _____

PASSENGER TWO LEGAL NAME: _____ GENDER: _____

NATIONALITY: _____ : BIRTHPLACE: _____

PASSPORT INFORMATION: PASSPORT NUMBER: _____

COUNTRY THE PASSPORT WAS ISSUED IN: _____

PASSPORT ISSUE DATE: _____ PASSPORT EXPIRATION DATE: _____

IF TRAVELING WITH BIRTH CERTIFICATE:

STATE DRIVER LICENSE WAS ISSUED IN: _____

LICENSE ISSUE DATE: _____ LICENSE EXPIRATION DATE: _____

EMERGENCY CONTACT INFORMATION – SOMEONE NOT TRAVELING WITH YOU

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

RELATIONSHIP TO PERSON TRAVELING: _____