

# WELCOME

to the  
**FEDERATED STATES OF MICRONESIA**  
Chuuk · Kosrae · Pohnpei · Yap



## Customs, Immigration and Quarantine ARRIVAL and DEPARTURE CARD

This side of the card must be completed by all non-citizens arriving into the FSM.  
It is illegal to provide false statements on this card.  
Print all answers in BLOCK capital letters.

|   |                                       |                 |
|---|---------------------------------------|-----------------|
| 1) Family Name:   | 2) Given Name(s):                     | 3) Middle Name: |
| 4) Gender: <input type="checkbox"/> Male<br><input type="checkbox"/> Female | 5) Birth Date: (MM/DD/YY)             |                 |
| 6) Passport No.:  | 7) Expiration Date: (MM/DD/YY)        |                 |
| 8) Country of Issue:  | 9) Nationality:                       |                 |
| 10) Country of Residence:   | 11) Occupation:                       |                 |
| 12) Ship / Flight No.:  | 13) City / Country where you boarded: |                 |

### 14) Purpose of Travel

#### a) For FSM Citizens and Residents Only

Residential Status:  Citizen  Resident

How long have you been away from FSM? Day(s): \_\_\_ Month(s): \_\_\_ Year(s): \_\_\_

What was the main reason for your trip?

Business  Education  Medical  Other: \_\_\_\_\_

#### b) For Non-FSM Citizens Only

Business  Missionary  Employment  Transit Crew  
 Conference / Seminar  Leisure / Vacation Visiting  Friends / Relatives

Address / Hotel in FSM:

Intended Length of Stay (days) \_\_\_\_\_ How many times have you been to the FSM?  
 1  2  3  4 or more times

Signature \_\_\_\_\_

Today's Date (MM/DD/YY) \_\_\_\_\_

### For Non-Citizens Only

Family and Given Name:

Passport No. / I.D. No.:

Expected Date of Departure:

Ship / Flight No.:

### FOR OFFICIAL USE ONLY

| Arrival Date | Departure Date | Status | Officer Signature |
|--------------|----------------|--------|-------------------|
|              |                |        |                   |

### Record of Extension

| Date of Extension | Validity  | Officer |
|-------------------|-----------|---------|
| From: _____       | To: _____ | _____   |
| From: _____       | To: _____ | _____   |
| From: _____       | To: _____ | _____   |