

# SHIP MANIFEST INFORMATION FORM DEPARTURES FOR 2021 - 2023

Please note this form is interactive. Please complete this form carefully and neatly using CAPITAL letters and return it to Hurtigruten via email at: [us.expeditions@hurtigruten.com](mailto:us.expeditions@hurtigruten.com), or by mail to: Hurtigruten, Inc., 1505 Westlake Avenue North, Suite 125, Seattle, WA, 98109. **Please send this form back to Hurtigruten immediately after confirming your booking and no later than 8 weeks before your voyage. Please note that we are unable to send your travel documents until we have received this completed form.** For information regarding your booking, please contact [us.expeditions@hurtigruten.com](mailto:us.expeditions@hurtigruten.com)

<b>HURTIGRUTEN BOOKING REFERENCE NUMBER:</b>							
<b>PERSONAL INFORMATION</b>							
<b>NAME (AS DISPLAYED ON PASSPORT):</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>GENDER:</b>	<b>MALE</b>	<b>FEMALE</b>	<b>DATE OF BIRTH (MM/DD/YYYY):</b>			<b>NATIONALITY:</b>	
<b>PLACE OF BIRTH:</b>				<b>PASSPORT NUMBER:</b>			
<b>PASSPORT ISSUE DATE:</b>				<b>PASSPORT EXPIRATION DATE*:</b>			
*Expiration date must be no earlier than 6 months after the end of your cruise.							

<b>ADDRESS AND CONTACT DETAILS</b>			
<b>ADDRESS LINE 1:</b>			
<b>ADDRESS LINE 2 (OPTIONAL):</b>			
<b>CITY:</b>		<b>STATE/PROVINCE:</b>	
<b>POSTAL CODE:</b>		<b>COUNTRY:</b>	
<b>EMAIL ADDRESS:</b>		<b>CELL PHONE NUMBER:</b>	

<b>SPECIAL REQUESTS*</b>	
Please inform us well in advance prior to your cruise about important health issues such as (but not limited to) mobility limitations, disabilities, serious allergies, etc.	
<b>SPECIAL DIETARY REQUESTS:</b>	
<b>SPECIAL REQUESTS/IMPORTANT INFORMATION:</b>	
<b>*HURTIGRUTEN REQUIRES YOUR CONSENT AS A CONDITION FOR USING HURTIGRUTEN'S SERVICES. (IF YOU HAVE INFORMED US OF ANY SPECIAL DIETARY REQUESTS, OR OTHER SPECIAL REQUESTS/IMPORTANT INFORMATION):</b>	
<input type="checkbox"/> I authorize Hurtigruten to collect and use the information in this form for my safety during the cruise.	

<b>EMERGENCY CONTACT INFORMATION</b>	
<b>NAME:</b>	<b>PHONE NUMBER:</b>

<b>PLEASE CHECK THE RELEVANT STATEMENTS</b>	
<b>IMPORTANT ENTRY REQUIREMENTS FOR ALL DESTINATIONS &amp; VACCINATION INFORMATION:</b>	
<input type="checkbox"/> I confirm I have read the information noted here: <a href="http://www.hurtigruten.com/practical-information/entry-requirements/">www.hurtigruten.com/practical-information/entry-requirements/</a>	
<b>FOR TRAVELERS TO ANTARCTICA, THE NORTHWEST PASSAGE, ARCTIC CANADA, GREENLAND, THE TRANS-ATLANTIC CROSSING AND SVALBARD:</b>	
<input type="checkbox"/> <b>I have received the Health Declaration and I will submit the completed form electronically as per instructions.</b>	