



Washington National Cathedral

**PILGRIMAGE TRAVEL
& MEDICAL FORM**

PASSPORT INFORMATION

NAME _____
as it appears on your passport

COUNTRY OF ISSUE _____
please list even if it is United States

DATE OF BIRTH _____

DATE OF ISSUE _____

DATE OF EXPIRATION _____

PASSPORT NUMBER _____

PHONE _____

EMAIL _____

MEDICAL INFORMATION

Medical information is confidential and will be available only to staff in case of emergency.

Please tell us about health conditions in case of emergency, such as asthma or diabetes. What medical history or information would we need to tell a doctor if you were unable to answer questions for yourself?

ALLERGIES _____

MEDICATIONS _____

SPECIAL NEEDS _____

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____

RELATIONSHIP TO PILGRIM _____

EMAIL ADDRESS _____

OTHER INFORMATION

Any other information we should know prior to or during the pilgrimage?



Please scan this form and email to pilgrimages@cathedral.org or mail to Washington National Cathedral, ATTN Box Office, 3101 Wisconsin Ave., NW, Washington DC 20016-5098.