



Washington National Cathedral

TRAVEL & MEDICAL INFORMATION HOLY LAND

PASSPORT INFORMATION

NAME _____

as it appears on your passport

DATE OF BIRTH _____

COUNTRY OF ISSUE _____

please list even if it is United States

DATE OF ISSUE _____

PASSPORT NUMBER _____

DATE OF EXPIRATION _____

EMAIL _____

PHONE _____

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 _____

COVID-19 vaccination. All pilgrims must be vaccinated against COVID-19 and, if necessary, in receipt of a booster shot. Information about booster shot requirements will be provided closer to travel dates.

VACCINE MAKER: _____ 1ST SHOT (DATE): _____ 2nd shot: _____

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