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EMBASSY OF SIERRA LEONE 1701 Nineteenth Street, NW Washington D.C. 20009

VISA APPLICATION FORM

VISA APPLICATION FOR OTHER NATIONALS (SIX MONTHS [] ONE YEAR [])

THREE YEARS VISA FOR AMERICAN PASSPORTS ONLY

LAST NAME	FIRST NAME_		MIDDLE NAME	
SEX: MARIT	ΓAL STATUS:	PHONE NO		
HOME ADDRESS: STR	EET:			
CITY:	S	TATE:	ZIP CODE:	
EMAIL ADDRESS (Requ	iired)			
Date of Birth [DATE:] [MONTH IN WORI	OS:		
Place of Birth: TOWN	C	OUNTRY		
PARTICULARS OF PA	<u>SSPORT</u>			
Passport Number:	Date of	Issue: / /	Date of Expiration://	
Country of Issue:		Passport Type:		
			PF STAY:	
			PHONE NO	
PROPOSED ADDRESS:				
		Date	;	
1. One Passport Siz 2. Copy of Birth Cen 3. Sign and Notarize 4. Fee of \$160.00 (A)	e Photo rtificate for Minors (0 -16yea e Application form for Minor additional \$50.00 for expedit ressed Envelope (Priority/No	ars) rs (0 – 16 years) ed process) MONE		
Approving Officer: _		Signature:	Date: / /	
Fee:	_ VISA No	General Receipt No		