



Application for Tourist Visa

PHOTO

Last Name		Firth Name		M.I.
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth mm / dd / yyyy		Place of Birth	
Country of Citizenship		Passport Expiration Date mm / dd / yyyy		Passport #
Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widow/er <input type="checkbox"/> divorced <input type="checkbox"/> separated			Profession	
Name and address of Employer or University/School				
Name				
Street		State	Zip Code	Phone #: (xxx) xxx-xx-xx
Name of Spouse		Date of Birth mm / dd / yyyy		Country of Citizenship
Status in the U.S.A. <input type="checkbox"/> citizen <input type="checkbox"/> permanent resident <input type="checkbox"/> temporary resident <input type="checkbox"/> worker permit				
Permanent Address				
Street				
State		Zip Code	Country	Email address
Purpose of visit to Haiti <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Other (specify)				
Name of Hotel(s) and/or Residence(s) while in Haiti				Phone #: xxxx-xxxx
Arrival in Haiti mm / dd / yyyy		How long will you stay in Haiti?		
Have you visited Haiti before? <input type="checkbox"/> No <input type="checkbox"/> Yes (details)				

I, _____, declare that the information provided on this form is accurate to the best of my knowledge.

Applicant's signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Registration No.: _____