

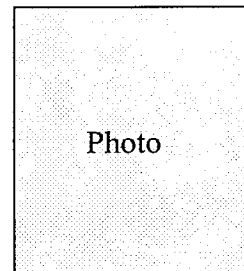
EMBASSY OF BURKINA FASO

2340 Massachusetts Avenue, N.W.

Washington D.C. 20008

Tel: (202) 332-5577

Fax: (202) 667-1882



VISA APPLICATION

Visa n° (for Embassy use only)

Mr., Mrs., Ms.
(first name first, please print)

Place and date of birth

Nationality

U.S. Address

Occupation

Telephone: Home Work

Type of Passport : (check one) Regular Diplomatic
 Official Laissez-passer

Passport number Issued on in Valid until.....
(name of issuing country or Authority)

Number of entries requested Transit to

Purpose of trip (check one)
 Tourism Conference Business
 Transit Family Other

If other, please describe

Are you accompanied by children ? Yes No

If yes, number Ages

Date of departure from U.S.

Date of arrival in Burkina Faso

Arrival by : Flight Road Train

Date of departure from Burkina Faso

Address in Burkina Faso

Please include the following :

- original passport
- 2 copies of this form
- 2 ID photos
- \$50 money order or company check
(no cash or personal checks)
- yellow fever certificate
- prepaid return self-addressed envelope

Place and date of application

Signature of passport holder

VISA PROCESSING : 2 DAYS MAXIMUM