



AMBASSADE D'HAITI  
WASHINGTON

APPLICATION FOR TOURIST VISA

\_\_\_\_/\_\_\_\_/19  
M D

FEE: \$5.40

LAST AND FIRST NAME \_\_\_\_\_

PLACE AND DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

PROFESSION \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYES COLOR \_\_\_\_\_

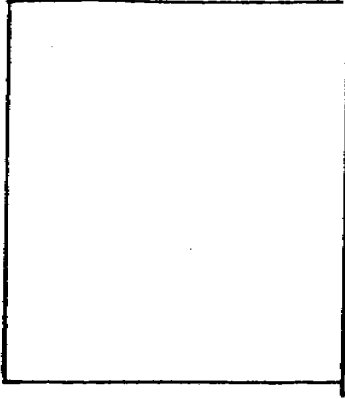
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ DISTINGUISHING MARKS \_\_\_\_\_

RESIDENCE \_\_\_\_\_

ADDRESS AND PHONE NUMBER OF EMPLOYER \_\_\_\_\_

NAME AND ADDRESS OF FRIENDS OR HOTEL IN HAITI \_\_\_\_\_

PHOTO



BY MAIL, MONEY ORDER ONLY

PASSPORT NUMBER: \_\_\_\_\_ DATE ISSUE \_\_\_\_\_ DATE EXPIED \_\_\_\_\_

REGISTERED: \_\_\_\_\_