

REPUBLIC OF CUBA  
 MINISTRY OF THE INTERIOR  
 Department of Immigration

2 VISA PHOTOS MUST BE  
 ATTACHED

VISA  
 APPLICATION:

File No.: \_\_\_\_\_

PLEASE TYPE

FIRST SURNAME		SECOND SURNAME	
NAME(S)		MAIDEN NAME	
SEX 1 [ ] Male 2 [ ] Female	BIRTHDATE Day/Mo./Yr.	COUNTRY OF BIRTH	CITIZENSHIP
NAMES OF PARENTS Father   Mother		MARITAL STATUS 1 [ ] Single 2 [ ] Married	PASSPORT NO. Type No.
HOME ADDRESS Number & Street Apt. # Tel. ( )			
City	State	Zip Code	
Profession	Present Occupation	Educational Level 1 [ ] Primary 3 [ ] Jr. Coll. 2 [ ] Secondary 4 [ ] Univ.	
EMPLOYMENT Organization or Employer Type of Business			
Address		Tel. ( )	
PLACE OF STUDY Name & Type of School Course Level			
Address		Tel. ( )	
ENTRY INTO CUBA			
Province of Destination	Length of Stay	Purpose of Visit	
Route of Travel	Date(s) of Travel	Where Visa will be Issued	
Name and address of Reference in Cuba			
Have you visited Cuba previously? [ ] Yes [ ] No Date(s)			
Length of Stay		Via	
Purpose of Trip			
Address of Stay			
Employment or Study in Cuba			
_____ Signature of Applicant			