



AMBASSADE D'HAITI
WASHINGTON

APPLICATION FOR TOURIST VISA

___/___/19
M D

FEE: \$5.40

LAST AND FIRST NAME _____

PHOTO

PLACE AND DATE OF BIRTH _____

NATIONALITY _____ MARITAL STATUS _____

PROFESSION _____

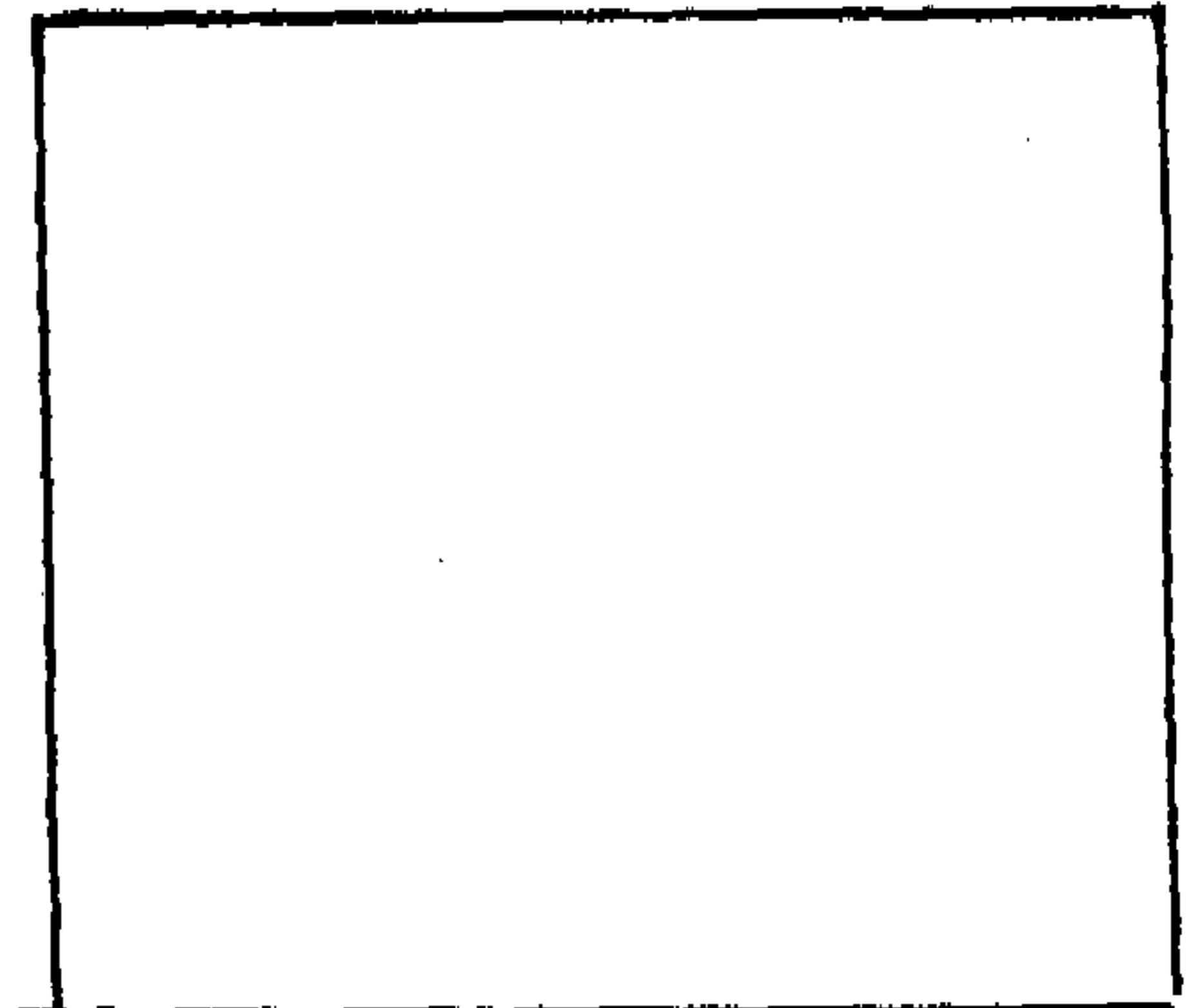
HAIR COLOR _____ EYES COLOR _____

HEIGHT _____ WEIGHT _____ DISTINGUISHING MARKS _____

RESIDENCE _____

ADDRESS AND PHONE NUMBER OF EMPLOYER _____

NAME AND ADDRESS OF FRIENDS OR HOTEL IN HAITI _____



BY MAIL, MONEY ORDER ONLY

PASSPORT NUMBER: _____ DATE ISSUE _____ DATE EXPIED _____

REGISTERED: _____