

APPLICATION FOR MEXICAN VISA

Number _____

PHOTO

(if required)

CONSULAR OFFICE IN: _____

*A separate application is required for each traveler
Type this application or use printed letters*

PARA USO OFICIAL

I. PERSONAL DATA

1. LAST NAME OR FAMILY NAMES *(exactly as in passport)*

2. NAME *(s)* *(exactly as in passport)*

3. PASSPORT NUMBER _____

Place and date of issue

Expiration date

4. HOME ADDRESS

5. PHONE _____

F.M. _____ No. _____

No. visa _____

No. etiqueta _____

AUL SEGOB _____

Acreditó solvencia económica con:

Propiedades inmobiliarias

SI NO

Tarjetas (s) internacional(es) de crédito

SI NO

Cuentas (s) bancaria(s)

SI NO

Observaciones: _____

6. CITIZENSHIP _____

7. COUNTRY AND DATE OF BIRTH _____

8. SEX: FEMALE () MALE ()

9. MARITAL STATUS: single () married () widowed () divorced ()

II. OCCUPATION

10. CURRENT OCCUPATION _____

11. COMPANY'S NAME _____

12. BUSINESS ADDRESS _____

PHONE _____

13. MONTHLY INCOME _____

14. OTHER INCOME (source and amount) _____

15. PORT AND DAY OF ENTRY INTO MEXICO

16. PURPOSE OF YOUR TRIP: TOURISM _____ BUSINESS _____
STUDIES _____ TRANSIT _____ OTHERS (specify) _____

17. MAIN DESTINATION AND LENGTH OF STAY IN MEXICO:

18. IF VISITING THE NORTH BORDER OF MEXICO INDICATE CITIES:

PURPOSE OF VISIT: _____

19. IF VISITING THE SOUTH BORDER OF MEXICO INDICATE CITIES:

PURPOSE OF VISIT: _____

20. HAVE YOU EVER APPLIED FOR A MEXICAN VISA BEFORE:

NO () YES ()

WHERE _____

WHEN _____

THE VISA WAS ISSUED _____ THE VISA WAS REFUSED _____

I declare that all information herein is true. I authorize the Mexican Government to conduct its verification.

I am aware that the final admission into Mexico must be approved by sanitary and immigration authorities at the port of entry, and that the issuance of a visa by a Mexican Consulate does not guarantee the admission. I understand that sanitary and immigration officials have the right to verify my compliance with all legal requirements.

Date _____

Applicant signature
(use pen)

Receiver
(name and signature)

Inquirer
(name and signature)

Authorized
(name and signature)