

PHOTO

CONSULATE GENERAL OF EL SALVADOR

VISA APPLICATION

PLEASE TYPE OR PRINT COMPLETE INFORMATION AS IT APPEARS IN YOUR PASSPORT. THIS FORM SHOULD BE SUBMITTED TO THE CONSULATE OF YOUR JURISDICTION.

LAST NAME:			FIRST NAME:		
DATE OF BIRTH (DAY/MONTH/YEAR):		PLACE OF BIRTH:	1	NATIONALITY:	
PASSPORT No.	DATE ISSU	ED:	EXPIRATION DATE:	PLACE OF ISSUE:	
HOME ADDRESS:			HOME PHONE:		
NAME OF SPOUSE:			NATIONALITY OF SPOUSE:		
EMPLOYER:			CURRENT OCCUPATION:		
WORK ADDRESS:			WORK PHONE:		
DATE OF ENTRY TO EL SALVADOR:			MEANS OF TRANSPORTATION:		
PURPOSE OF TRIP:			LENGTH OF STAY:		
ADDRESS WHILE IN EL SALVADOR:					
PERSONAL OR BUSINESS REFERENC	es in el sal	VADOR (NAME, ADDRESS			
HAVE YOU EVER APPLIED FOR A VISA TO ENTER EL SALVADOR?			IF YES, PLACE: DATE: WAS THE VISA GRANTED:		
DO YOU HAVE A PERMANENT RESIDENT CARD?			IF YES, FROM WHICH COUNTRY:		
PERSONS TRAVELING WITH YOU RELATIONSHIP		RELATIONSHIP		PASSPORT NUMBER	

SWORN STATEMENT : I HEREBY DECLARE UNDER OATH THAT DURING MY STAY IN EL SALVADOR I WILL NOT PARTICIPATE IN ANY POLITICAL ACTIVITIES NOR PERFORM ANY ACTS THAT MAY BE CONSTRUED AS INTERFERENCE IN THE INTERNAL AFFAIRS OF THE COUNTRY. ENTRANCE TO EL SALVADOR IS SUBJECT TO IMMIGRATION AUTHORITIES FINAL DECISION UPON YOUR ARRIVAL.				
PLACE AND DATE	SIGNATURE OF APPLICANT			