

Application for Tourist Visa

Date:		
Name (Last, First)		Nationality
Address	I	Passport No
City		Expiration
Date		
State Zip Code	Telephone	
Height Weight		
Eye Color Hair Color	Distinguishing N	1arks
Profession		
Employer's Name		
Employer's Address		
City		

State	Zip Code	Telephone	
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Name of	f Hotel or Reside	nce while in Haiti	Applicant's Signature
			Applicants Oignature
Address			
	•		
City			
		Registra	ation No. (<i>for official use only</i>)