

EMBASSY OF THE REPUBLIC OF THE PHILIPPINES

Consular Section
 1600 Massachusetts Avenue, NW
 Washington, D.C. 20036
 Tel: 202/ 467.9312 or 466.6818
 Fax: 202/ 466.6288
 Website: www.embassyonline.com

(APPLICANT'S
 SIGNED
 PHOTOGRAPH)

(SIZE – 2” x 2”)

APPLICATION FOR VISA

Surname	First Name	Middle Name	Sex
			<input type="checkbox"/> Male
			<input type="checkbox"/> Female

Date of Birth	Place of Birth	Citizenship
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MARITAL STATUS Single Married Divorced Widowed

If married, state name and address of spouse:

PRESENT ADDRESS:

CONTACT NUMBERS			
Residence	Office	Fax	Email

OCCUPATION:

PLACE OF EMPLOYMENT:

PASSPORT NO:	DATE OF ISSUE:
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VALID UNTIL:	ISSUED BY:
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PURPOSE OF ENTRY:

DATE OF DEPARTURE FROM THE U.S.:	PORT OF ENTRY:	LENGTH OF STAY IN THE PHILIPPINES:
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REFERENCES AND/OR IMMEDIATE RELATIVES IN THE PHILIPPINES

Name	Address
_____	_____
_____	_____
_____	_____

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICIAL USE ONLY

VISA NO. _____ GRANTED ON _____

Non-immigrant under Section 9(a) of the Philippine Immigration Act of 1940 as amended, valid until _____ CONSUL _____

PASSPORT RECEIVED BY: _____
Printed Name Signature

DATE RECEIVED: _____