

VISA APPLICATION

EMBASSY OF ANTIGUA AND BARBUDA
WASHINGTON, D.C.

NO: _____

1. FAMILY NAME _____ CHRISTIAN (OR FIRST) NAME/S _____
(IN BLOCK LETTERS)
2. FORMER NAME (Where different from above) _____
3. NATIONALITY (Present) _____ (Former) _____
4. DATE AND PLACE OF BIRTH _____ SEX _____
5. ARRIVED IN _____ ON _____ COMING FROM _____
6. STATUS IN THE U.S.A. _____
7. NAMES, DATES AND PLACES OF BIRTH OF MINOR CHILDREN IF ACCOMPANYING YOU

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>
8. PRESENT ADDRESS _____ PERMANENT ADDRESS _____
9. TELEPHONE NO: _____
10. MARITAL STATUS (Married, Single, Divorced) _____
11. VISA REQUIRED FOR (destination in commonwealth territory) _____
12. DATE/S OF PREVIOUS VISIT/S (if any) TO ANTIGUA AND BARBUDA AND ADDRESS

13. OCCUPATION/POSITION (Specify position) _____
14. IF A BUSINESS OR PROFESSIONAL VISIT GIVE NAMES AND ADDRESSES

15. IF A PRIVATE VISIT GIVE (a) NAME (b) ADDRESS (c) OCCUPATION (d) RELATIONSHIP
OF HOST/S _____
16. HOW LONG HAVE THEY BEEN RESIDENT? _____
17. DURATION OF PROPOSED STAY _____ PROPOSED DATE OF TRAVEL _____
18. MEANS AT APPLICANT'S DISPOSAL FOR PROPOSED VISIT _____
19. PASSPORT NO: _____ VALID UNTIL _____
20. RETURN VISA TO _____ VALID UNTIL _____

I DECLARE THE ABOVE TO BE A FULL AND TRUE STATEMENT.

SIGNED _____ DATE _____

REMARKS (for official use only)
DATE _____