



Commonwealth of The Bahamas
EMBASSY OF THE COMMONWEALTH OF THE BAHAMAS
2220 Massachusetts Avenue, N.W., Washington D.C. 20008
Tel: (202) 319-2660 Fax: (202) 319-2668
E-mail: bahemb@aol.com

Visa Application Form

Visa No./.....
Official use only

Section A – Personal Information

1. FULL NAME: _____
Last Name First Name Middle Name
2. FORMER NAME: _____
3. COUNTRY OF BIRTH: _____
4. COUNTRY OF CITIZENSHIP: _____
5. DATE OF BIRTH: _____ 6. SEX: _____ 7. MARITAL STATUS: (Married) (Single) (Divorced) (Widowed)
(DD/MM/YY)
8. COLOR OF EYES: _____ 9. COLOR OF HAIR: _____ 10. HEIGHT: _____
11. NAMES, DATES OF BIRTH AND PLACES OF BIRTH OF MINOR CHILDREN IF ACCOMPANYING YOU:

12. PRESENT ADDRESS: _____
PERMANENT ADDRESS: _____
TELEPHONE NUMBER: (Work) _____ (Home) _____
13. OCCUPATION: _____ EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

Section B – Travel Information

1. PASSPORT/DOCUMENT NO. _____ PLACE OF ISSUE: _____
DATE OF ISSUE: _____ EXPIRY DATE: _____
2. TYPE OF U.S. VISA: _____ PLACE OF ISSUE: _____ EXPIRY DATE: _____
(or immigration status)
3. PROPOSED DATE OF ARRIVAL IN THE BAHAMAS: _____
4. DATE OF PREVIOUS TRAVEL TO THE BAHAMAS: _____
5. REASON FOR JOURNEY: _____
6. LENGTH OF STAY: _____ PLACE OF STAY: _____
ADDRESS: _____
7. FINANCIAL RESOURCES FOR PROPOSED VISIT: _____
8. EMERGENCY CONTACT PERSON (Name, Address, Telephone, e-mail):

9. SIGNATURE: _____ E-mail: _____ DATE: _____
DD/MM/YY