EMBASSY OF BURKINA FASO

2340 Massachusetts Avenue, N.W.

Washington D.C. 20008 Tel: (202) 332-5577 Fax: (202) 667-1882

VISA APPLICATION

Visa n° (for Embassy use only)

Photo	

Mr., Mrs., Ms	(Contract of Contract of Contr	
Place and date of birth	(first name first, p	• '
Nationality		
U.S. Address		
Occupation		
Telephone: Home	Work	
Type of Passport: (check one)	☐ Regular ☐ Diplomatic ☐ Official ☐ Laissez-passes	r
-	ed on in	Valid untility)
Purpose of trip (check one)	Transit to Tourism	Business
Are you accompanied by children If yes, number Ages	? □ Yes □ No	
Date of departure from U.S		
	Flight 🗆 Road 🕒 Train	
Date of departure from Burkina Fa	iso	
Address in Burkina Faso		
Please include the following: - Passport	Place and date of application	
 - 2 copies of this form - 2 ID photos - \$ 75 - 3 months (multiple entries) - \$ 100 - 6 months (multiple entries) 	Signature of passport holder	
money order or company check (no case-yellow fever certificate	n or personal checks)	

- prepaid return self-addressed envelope