EMBASSY OF BURKINA FASO
2340 Massachusetts Avenue, N.W.
Washington D.C. 20008
Tel: (202) 332-5577
Fax: (202) 667-1882

Photo

VISA APPLICATION

Visa n° ..... (for Embassy use only)

Mr., Mrs., Ms. .....
(first name first, please print)

Place and date of birth .....

Citizenship .....

U.S. Address .....

Occupation .....

Telephone: Home ..... Work .....

Type of Passport : (check one) ☐ Regular ☐ Diplomatic
☐ Official ☐ Laissez-passer

Passport number ..... Issued on ..... in ..... Valid until.....
(name of issuing country or Authority)

Number of entries requested ..... Transit to .....

Purpose of trip (check one)
☐ Tourism ☐ Conference ☐ Business
☐ Transit ☐ Family ☐ Other

If other, please describe .....

Are you accompanied by children ? ☐ Yes ☐ No If yes, number ..... Ages .....

Date of departure from U.S. .....

Date of arrival in Burkina Faso .....
Arrival by : ☐ Flight ☐ Road ☐ Train

Date of departure from Burkina Faso .....

Address in Burkina Faso .....

Place and date of application .....

Signature of passport holder