

Ministry of Foreign Affairs Embassy of the Kingdom of Bahrain Consular Division

Tel: 202-342 1111 Fax: 202-362-2192 3502 International Drive N.W. Washington D.C. 20008

e-mail: consulate@bahrainembassy.org

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VISA APPLICATION FORM

First Name			Mi	ddle						Last				
0	ccupation						Gende	r:	Male			Fem	ale	
Date of Birth (mm/dd/yy)					Place of Birth									
Passport Number					Place of Issue									
Issue Date					Expiry Date									
Address in the USA:														
] ;	State				Z	ip Code	:				
Telephone	Cell					Fax								
E-mail														
Social Security No (if applicable)														
Reason for traveling to Bahrain							uration	of p	roposed	l visit				
Address in Ba								Date of Arrival						
address sponsor	References and address of sponsor in Bahrain				Name of family (wife & children) accompanying pplicant (each applicant must apply individually)				!					
Duration of previous residence and address when last in Bahrain														
Attach a letter from authority which recommends granting the required visa (For Official or Diplomatic Visas Only)						Attach a letter stating the purpose and duration of the visit and the applicant's responsibility for all travel expenses								
I hereby declare the details and information given in this application are true and correct.														
Place			Date] ;	Signatu	re				

Print, complete and mail by overnight FedEx, with your passport and application fee, to: *EMBASSY OF THE KINGDOM OF BAHRAIN, Consular Division,* 3502 International Drive, N.W. Washington D.C. 20008