

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

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e-mail: consulate@bahrainembassy.org

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VISA APPLICATION FORM

First Name			Mi	ddle						Last				
0	ccupation					(Gender	:	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:														
		St				rate			Zip Code					
Telephone	Cell					Fax								
E-mail														
Social Security No (if applicable)														
Reason for traveling to Bahrain						Dı	uration o	of pr	oposed	visit				
Address in Ba								Date of Arrival						
address sponsor	References and address of sponsor in Bahrain				child applic	Name of family (wife & children) accompanying oplicant (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					S	Signatuı	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