



**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

**Visa Application Form**

Visa No...../.....

**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: \_\_\_\_\_  
(DD/MM/YY)
6. SEX: \_\_\_\_\_
7. MARITAL STATUS: (Married) (Single) (Divorced) (Widowed)
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: \_\_\_\_\_
7. FINANCIAL RESOURCES FOR VISIT: \_\_\_\_\_
8. CONTACT PERSON: \_\_\_\_\_  
 PLACE OF STAY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_
9. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
DD/MM/YY