

VISA APPLICATION FORM

Please complete the form in the computer or type all in capital letters. Not hand written.
Apply at least 30 days before your date of departure to Chile.

1 VISA REQUESTED			
TYPE OF VISA (Please check one)			
Tourist Visa Single Entry	<input type="checkbox"/>	Temporary Resident	<input type="checkbox"/>
Tourist Visa Multiple Entries	<input type="checkbox"/>	Temporary Resident - Dependant	<input type="checkbox"/>
		Student Visa	<input type="checkbox"/>
Work	<input type="checkbox"/>	Work - Dependant	<input type="checkbox"/>
LENGTH OF STAY IN CHILE (In days) <input type="text"/>			
FROM (Arrival date)	<input type="text"/>	TO (Departure date)	<input type="text"/>
	dd mm yyyy		dd mm yyyy

2 NAME AND CONTACT INFORMATION			
LAST NAME (As shown in your passport)		FIRST AND MIDDLE NAME (As shown in your passport)	
<input type="text"/>		<input type="text"/>	
SEX: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
DATE OF BIRTH		<input type="text"/>	
	dd	mm	yyyy
PERMANENT ADDRESS IN THE USA:			
Street address <input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>
ZIP Code	<input type="text"/>		
PHONE NUMBERS			
Home	<input type="text"/>	Work	<input type="text"/>
Cell	<input type="text"/>		
Email	<input type="text"/>		

3 PASSPORT AND STATUS			
NATIONALITY <input type="text"/>			
PLACE OF BIRTH: City	<input type="text"/>	Country	<input type="text"/>
PASSPORT NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
		dd	mm yyyy
DATE OF ISSUE	<input type="text"/>	COUNTRY OF ISSUANCE	<input type="text"/>
	dd mm yyyy		
STATUS IN THE USA			
Citizen	<input type="checkbox"/>	Green Card Holder	<input type="checkbox"/>
Type of Visa	<input type="text"/>	Refuge	<input type="checkbox"/>

4 PERSONAL INFORMATION

MARITAL STATUS: Single Married Divorced Widow/ed

COLOR OF HAIR COLOR OF EYES COMPLEXION

HEIGHT (In centimeters) WEIGHT (In kilos)

LEVEL OF EDUCATION:

Elementary Secondary University Other

PROFESSION OR DEGREE OCCUPATION

Name, address and telephone number of current employer, school or university in the United States

5 FAMILY INFORMATION

FATHER'S FULL NAME

DATE OF BIRTH IS HE LIVING? Yes No
dd mm yyyy

CITY AND COUNTRY OF BIRTH

CITY AN COUNTRY OF RESIDENCE

COUNTRY OF CITIZENSHIP

MOTHER'S FULL NAME

DATE OF BIRTH IS SHE LIVING? Yes No
dd mm yyyy

CITY AND COUNTRY OF BIRTH

CITY AN COUNTRY OF RESIDENCE

COUNTRY OF CITIZENSHIP

SPOUSES'S FULL NAME

DATE OF BIRTH COUNTRY OF CITIZENSHIP
dd mm yyyy

CITY AND COUNTRY OF BIRTH

CITY AN COUNTRY OF RESIDENCE

CURRENT ADDRESS AND PHONE NUMBER

CHILDRENS (Names, Nationality, date of birth (dd/mm/yyyy))

6 ABOUT YOUR STAY IN CHILE

MINISTERIO DE RELACIONES EXTERIORES
Consulado de Chile en Washington, D.C.

DETAILS OF HOST (Name, address and telephone number)

LODGING PLACE (Name, address, telephone and reservation number)

BUSINESS CONTACT (Company name, address, telephone number and contact person in Chile)

REASON FOR THIS TRIP TO CHILE

HAVE YOU PREVIOUSLY APPLIED FOR VISA TO CHILE:

Yes

No

When?

IF YOU WERE PREVIOUSLY IN CHILE, PLEASE INDICATE IN WHICH CAPACITY

(As tourist, for business, as resident, with working contract, as permanent resident, as student, etc.)

RELATIVES IN CHILE (If any)

LIST OF COUNTRIES YOU HAVE VISITED DURING THE LAST TWELVE MONTHS

7

AFFIDAVIT

I declare that I am aware that during my stay in Chile I may not carry out gainful activities nor intervene in its internal policy or in acts against its political Constitution or the laws, Decrees and other provisions applicable in its territory and promise during my stay in Chile NOT to apply for a change of my status as tourist. I further declare that all the particulars contained in this application are true.

APPLICANTS SIGNATURE

APPLICANTS NAME

DATE

Before you apply, you must have with you all the requested documents
Incomplete applications may be rejected - All applications are subject to verification.