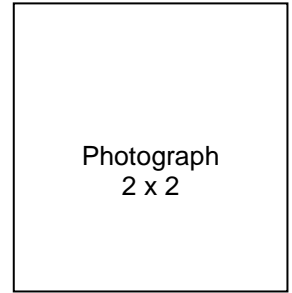


Form No. 509 REF  
 Aprobado por el  
 Contralor  
 v Auditor General  
 Serie 1994

Dominican Republic  
**FOREIGN AFFAIRS OFFICE**  
 Consular Division  
**VISA APPLICATION**



Place and Date of Application \_\_\_\_\_

Ship or Plane: \_\_\_\_\_ Telephone \_\_\_\_\_

Port of Embarkation: \_\_\_\_\_

Last Name(s)		Have you ever been in the army, if yes, mention your last rank	
First Name(s)		Purpose of Journey	
Nationality		How long do you plan to stay	
Place and Date of Birth		Name of your friend or relative in the Dominican Republic	
Sex		His or Her address	
Skin color		Have you visited the Dominican Republic before?	
Eye Color		When?	
Hair Color		Give the address where will you stay in the Dominican Republic	
Height and Weight		Which other countries have you visited?	
Marital Status		<p><b>Spouse's Information</b></p> <p>Full Name: _____</p> <p>Nationality: _____</p> <p>_____</p> <p>Applicant's Signature</p>	
Occupation			
Identifying Marks (Scars, Others)			
Residing Address			
Last place of Employment			
Name of owner, Manager or Director			
Last Salary Drawn			

The undersigned, holder of passport No. \_\_\_\_\_ Issued by \_\_\_\_\_ on \_\_\_\_\_  
 or I.D Document issued by \_\_\_\_\_ on \_\_\_\_\_