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EMBASSY OF SIERRA LEONE
1701 Nineteenth Street, NW
Washington D.C. 20009

VISA APPLICATION FORM

**VISA APPLICATION FOR OTHER NATIONALS (SIX MONTHS [] ONE YEAR [])
THREE YEARS VISA FOR AMERICAN PASSPORTS ONLY []**

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

SEX: _____ MARITAL STATUS: _____ PHONE #: _____

HOME ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP _____

EMAIL ADDRESS (Required) _____

Date of Birth: ____ / ____ / ____ OCCUPATION: _____
(Date) (Month in Words) (Year) (Required)

Place of Birth: TOWN _____ COUNTRY _____

PARTICULARS OF PASSPORT:

Passport Number: _____ Date of Issue: __ / __ / ____ Date of Expiry: __ / __ / ____

Country of Issue: _____ Passport Type: _____

Nationality: _____

PURPOSE OF VISIT: _____

PROPOSED DATE OF ARRIVAL: __ / __ / ____ DURATION OF STAY: _____

NAME OF REFERREE IN SIERRA LEONE: _____ AND PHONE No. _____

PROPOSED ADDRESS: _____

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Approving Officer: _____ Signature: _____ Date: __ / __ / ____

Fee: _____ VISA No. _____ General Receipt No. _____