EMBASSY OF BURKINA FASO
2340 Massachusetts Avenue, N.W.
Washington D.C. 20008
Tel: (202) 332-5577
Fax: (202) 667-1882

Photo

VISA APPLICATION

Visa n° ..... (for Embassy use only)

Mr., Mrs., Ms. .....
(first name first, please print)

Place and date of birth .....

Nationality .....

U.S. Address .....

Occupation .....

Telephone: Home ..... Work .....

Type of Passport : (check one) ❑ Regular ❑ Diplomatic
❑ Official ❑ Laissez-passer

Passport number ..... Issued on ..... in ..... Valid until……
(name of issuing country or Authority)

Number of entries requested ..... Transit to .....

Purpose of trip (check one)

❑ Tourism ❑ Conference ❑ Business
❑ Transit ❑ Family ❑ Other

If other, please describe .....

Are you accompanied by children ? ❑ Yes ❑ No
If yes, number ..... Ages .....

Date of departure from U.S. .....

Date of arrival in Burkina Faso .....
Arrival by : ❑ Flight ❑ Road ❑ Train

Date of departure from Burkina Faso .....

Address in Burkina Faso .....

***Please include the following* :**

- original passport
- 2 copies of this form
- 2 ID photos
- $50 money order or company check (no cash or personal checks)
- yellow fever certificate
- prepaid return self-addressed envelope

Place and date of application .....

Signature of passport holder .....

VISA PROCESSING : 3 DAYS