

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

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 Temporary Resident Work Tourist Visa Multiple Entries Temporary Resident - Dependant Work - Dependant Student Visa
FROM (Arrival date) TO (Departure date) dd mm yyyy dd mm yyyy
2 NAME AND CONTACT INFORMATION
LAST NAME (As shown in your passport) SEX: Male Female DATE OF BIRTH dd mm yyyy PERMANENT ADDRESS IN THE USA:
Street address
City State ZIP Code
PHONE NUMBERS Home Cell Email
3 PASSPORT AND STATUS
NATIONALITY PLACE OF BIRTH: City Country PASSPORT NUMBER EXPIRATION DATE DATE OF ISSUE COUNTRY OF ISSUANCE dd mm yyyy STATUS IN THE USA Citizen Green Card Holder Type of Visa Refuge



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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
Nume, dualess and telephone number of current employer, school of university in the officed 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 dd mm yyyy IS SHE LIVING? Yes No
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 data of hirth (dd/mm/::::::)
CHILDRENS (Names, Nationality, date of birth (dd/mm/yyyy)



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6	ABOUT YOUR STAY IN CHILE
	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 WHERE 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 rejeted - All applications are subject to verification.