Embassy of The
Syrian Arab Republic
2215 Wyoming Avenue, N. W.
Washington, D. C. 20008
Tel: (202) 232-6313
Fax: (202) 265-4585

Photo

VISA APPLICATION FORM

Last Name_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| First Name_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Place of Birth _____ Date of Birth _____
Father's Name _____ Mother's Name _____
Nationality _____ Maiden Name _____
Religion _____ Profession _____
Present Address _____
_____ Telephone _____
Reason for Journey _____
Destination _____
Address and reference in Syria _____
Approximate Date of Arrival in Syria _____
Duration of Stay _____
Point of Entry _____ Point of Exit _____
Passport No. _____
Issued by _____ Date of Issue _____
Type of Visa Required: One Entry Two ☐ Multiple

I hereby declare to be responsible for the information in this application and not to accept any paid or unpaid employment while in Syria.

Date _____ Signature _____
Attached: Money Order No. _____ Dated _____ $ _____

For official use only

Visa No.	Date	Validity	No. of Entries	Fees Collected

Observation: CONSUL