

EMBASSY OF URUGUAY
CONSULAR SECTION
2715 M Street NW, 3rd Floor
Washington DC 20007

VISA APPLICATION FORM

TRAVEL REASON:

BUSINESS: _____

TOURIST _____

ATTACH PHOTO: _____

APPLICANT

GIVEN NAMES AND SURNAME: _____

NATIONALITY: _____ SEX: _____

PLACE AND DATE OF BIRTH: _____

MARITAL STATUS: _____

NAME OF SPOUSE: _____

HOME ADDRESS: _____

TRAVEL INFORMATION:

TRAVEL DOCUMENT (CLASS AND NUMBER): _____

ISSUED BY: _____

DATE OF ISSUE: _____ DATE OF EXPIRATION: _____

REENTRY VISA INTO USA (IF APPLICABLE): _____

FOR BUSINESS:

PROFESSION: _____

PRESENT JOB: _____

HOW LONG YOU PLAN TO STAY IN URUGUAY: _____

ROUND TRIP TICKETS (AIRLINE, FLIGHT, ETC): _____

LODGING PLACE IN URUGUAY: _____

COMMERCIAL REFERENCES IN URUGUAY: _____

FOR TOURIST:

HOW LONG YOU PLAN TO STAY IN URUGUAY: _____

ROUND TRIP TICKETS (AIRLINE, FLIGHT, ETC): _____

LODGING PLACE: _____

TRAVEL AGENCY: _____

PERSONAL REFERENCES IN URUGUAY: _____

SIGNATURE OF APPLICANT _____ DATE: _____