



EMBAJADA DE MEXICO
SECCION CONSULAR

Num: _____

APPLICATION FOR MEXICAN VISA

I PERSONAL DATA

FOR OFFICIAL USE

1. LAST NAME/ FAMILY NAME _____

2. NAME (S) _____

3. PASSPORT NUMBER: _____

4. PLACE OF ISSUE: _____

5. DATE OF ISSUE: _____ 6 EXPIRATION DATE _____

6. HOME ADDRESS

8. PHONE : () _____ -- _____

F.M. _____ NO. _____

NO VISA. _____

No Etiqueta: _____

Aut.SEGOB: _____

Acredito solvencia

Económica con:
Propiedades inmobiliarias

Tarjeta crédito Internacio

Cuentas bancarias

OBSERVACIONES

9. CITIZENSHIP _____

10. GENDER: MALE ()

FEMALE ()

11. PLACE OF BIRTH _____

12. DATE OF BIRTH

month	day	year

AGE _____ years

13. MARITAL STATUS

SINGLE ()

MARRIED ()

WIDOWED ()

DIVORCED ()

II OCCUPATION

14. CURRENT OCCUPATION: _____

15. COMPANY'S NAME : _____

16. BUSINESS ADDRESS: _____

17. BUSINESS PHONE () _____ - _____

18. MONTHLY INCOME \$ _____

19. PORT OF ENTRY _____ DAY OF ENTRY _____

21. PURPOSE OF THE TRIP TOURISM () BUSINESS () TRANSIT () OTHER _____

MAIN DESTINATION? _____ 22. LENGTH OF STAY IN MEXICO _____ DAYS

22. IF VISITING THE NORTH BORDER OF MEXICO. WHAT CITIES? _____

23. IF VISITING THE SOUTH BORDER OF MEXICO. WHAT CITIES? _____

24. HAVE YOU EVER APPLIED FOR A MEXICAN VISA BEFORE ? Yes No WHERE? _____
 WHEN? _____ .

25. THE VISA WAS ISSUED? Yes No

I DECLARE THAT ALL INFORMATION HEREIN IS TRUE. I AUTHORIZE THE MEXICAN GOVERNMENT TO COONDUCT ITS VERIFICATION:

I AM AWARE THAT THE FINAL ADMISSION INTO MEXICO MUST BE APPROVED BY SANITARY AND IMMIGRATION AUTHORITIES AT THE PORT OF ENTRY, AND THE ISSUANCE OF A VISA BY A MEXICAN CONSULATE DOES NOT GUARANTEE THE ADMISSION. I UNDERSTAN THAT SANITARY AND IMMIGRATION OFFICIALS HAVE THE RIGHT TO VERIFY MY COMPLIANCE WITH ALL LEGAL REQUIREMENTS.

 APPLICANT SIGNATURE

 RECEIVER

 INQUIRER

 AUTHORIZED

Washington, D.C a _____ .