



**Embassy of Lebanon**

**Washington, DC**

**Visa Application**

**NAME:** FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ FAMILY: \_\_\_\_\_

**SPOUSE NAME:** FIRST: \_\_\_\_\_ MAIDEN: \_\_\_\_\_

**BIRTH:** DATE (M / D / Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ PLACE: \_\_\_\_\_

**ADDRESS IN THE U.S.A. :** STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **SEX:** ( M or F ) \_\_\_\_\_ **NATIONALITY:** \_\_\_\_\_

**PHONE:** [H] (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ [ W ] (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**PASSPORT:** #: \_\_\_\_\_ **ISSUE DATE:** ( M / D / Y ) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**EXPIRATION DATE:** ( M / D / Y ) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**EMPLOYER ( IN THE U.S.A. ): NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

**APPLICANT'S JOB TITLE:** \_\_\_\_\_

**PURPOSE OF THE TRIP:** (Family Visit, BU siness, TO urism, OF ficial, TR ansit) \_\_\_\_ \_\_\_\_

IF **BU** or **OF** , STATE THE COMPANY'S OR ORGANIZATION'S ( IN LEBANON ):

**NAME:** \_\_\_\_\_ **PHONE #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

**TYPE OF BUSINESS ( FOR THE APPLICANT ):** \_\_\_\_\_

**EXPECTED DATE OF ARRIVAL:** (M / D / Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**DURATION AND TYPE OF ENTRY REQUESTED:** (1, 2, or 3) \_\_\_\_\_

1- SINGLE ENTRY - 3 MONTHS.....\$35.00 / PERSON

2- MULTIPLE ENTRIES - 6 MONTHS.....\$70.00 / PERSON

3- TRANSIT.....\$20.00 / PERSON

**N.B.:** THE DURATION OF THE VISA WILL START ON THE DATE IT IS ISSUED.

**APPLICATION REQUIREMENTS:**

- 1- COMPLETED VISA APPLICATION
- 2- TWO RECENT PASSPORT-SIZED PHOTOGRAPHS
- 3- CURRENT VALID PASSPORT
- 4- LEBANESE IDENTIFICATION (FOR APPLICANTS OF LEBANESE ORIGIN)
- 5- MARRIAGE CERTIFICATE (FOR APPLICANT'S SPOUSE OF LEBANESE ORIGIN)
- 6- NOTARIZED AUTHORIZATION FROM PARENTS OR LEGAL GUARDIAN FOR APPLICANTS UNDER 18 YEARS OF AGE
- 7- BUSINESS AND OFFICIAL VISA APPLICANTS NEED TO PROVIDE A LETTER FROM THEIR EMPLOYERS THAT EXPLAINS THE PURPOSE OF THE BUSINESS OR OFFICIAL TRIP
- 8- A MONEY ORDER PAYABLE TO THE EMBASSY OF LEBANON
- 9- A CERTIFIED SELF-ADDRESSED, STAMPED ENVELOPE.

**APPLICANT'S SIGNATURE:** ..... **DATE:** (M / D / Y ) ...../...../.....

**Please locate the correct consular office for your jurisdiction to mail your application either by calling the Embassy at 202-939-6300 or visiting the web site at <http://www.lebanonembassyus.org>**