



# Islamic Republic of Afghanistan Visa Application Form

Consulate General of I.R. of Afghanistan in Los Angeles.

<b>Personal Details</b>	
Title:	
Family Name:	
Given Names:	
Father's Full Name:	
Date of Birth (Gregorian): DD / MMM / YYYY	
Country of Birth:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow / Widower	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Child: (Under 18 Years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Residence:	
Nationality:	
Other Nationalities:	
<b>Contact Details</b>	
Current Address:	
Email Address:	
Mobile:	Work Tel:
Home Tel:	Fax:
<b>Employment Details</b>	
Current Occupation:	
Employer's Name:	
Employer's Address:	
Previous Employer's Name:	
Previous Employer's Address:	



# Islamic Republic of Afghanistan Visa Application Form

OFFICE USE ONLY
<b>Receiving Office:</b>
<b>Application Details:</b>
Date Application Received:
Date of Application:
Visa Type:
<b>Comments:</b>
<b>Observations:</b>
<b>Passport Details</b>
Name:
Passport Number:
Issued By:
<b>Visa Issued:</b> <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Visa Number:</b>
<b>Visa Serial Number:</b>
<b>Issued by:</b>
<b>Issuing office:</b>
<b>Date:</b>
<b>Collected by / Sent to:</b> <i>(note, if collected by someone other than the applicant, written authorisation must be provided by the applicant and retained on file)</i>