CONSULAR FORM FOR TOURISTS

CONSULATE			OF	CHILE T	OO			
LAST NAME (As shown in your passport)				2. FIRST AND MIDDLE NAME (As shown in your passport)				
OTHER NAMES:								
LAST NAME/NAME	5. LAST NAME/NAME OF MOTHER							
S. SEX: M. F.		7.	DATE OF	BIRTH (Day	/month/year)			
. PLACE OF BIRTH (City,	Province, Cou	intry)		9. LOCAL	DOCUMENT T	YPE AND N°:		
0. NATIONALITY Current Origin		11. HOME ADDRES		SS		12. HOME TELEPHONE N°		
3. PROFESSION:		14. MAR	14. MARITAL STATUS			15. ACTIVITY		
6. EMPLOYER:				17. BUSINI	ESS TELEPHO	NE N°	6-	
B. COLOR OF HAIR 19. COLOR O		OF EYES	20. COMPLEXION		21. HEIGHT	22 .PARTICULA	22 .PARTICULAR FEATURES	
3. PASSPORT N°/TRAVEL DOCUMENT			24. PLACE AND DATE OF IS		OF ISSUANCE	25. EXPIRATION	DATE	
26. TYPE OF VISA			27. REASON OF TRAY		VEL	28. LENGTH OF P	ERMANENCE	
9. PARTICULARS OF HO	ST (Name/La	st Name - A	ddress and	Phone N")			-	
31. ADDRES			SS IN CHILE (Lodging place)			32. DEPARTURE DATE		
3. SPOUSE (Last name, name,	nes, nationality	, date of birt	th)					
4. CHILDREN (Last name	ne, names, nat	ionality, date	of birth)	-				
S. HAVE YOU APPLIED	FOR VISA BI	EFORE?	YES N	O 36. W	HEN?: YEAR	37. WHERE?		
38. DID YOU ENTER? YES NO	39. WHI	EN? YEA	AR 40	LENGTH O	F PERMANEN	CE 41. REASON		
22. IS ANY OF THE FOLL Father/Mother other	OWING PEC	PLE IN CH	HLE? Spo	use Fiancé/Fia	ncée Brothers/Si	sters		
33. LIST THE COUNTRIES WI YOUR CURRENT RESIDENCE		VE LIVED FO	R MORE TI	HAN SIX MONT	THS ALONG THE	LAST 5 YEARS, CON	MENCING FROM	
AFFIDAVIT: I declare that I policy or in acts against its P my stay in Chile NOT to app are true.	olitical Constit	ution or the l	Laws, Decr	ees and other p	provisions applic	able in its territory a	nd promise, durin	
	DATE			APPI	LICANT'S SIGN	ATURE		
CONSULAR FEES	DATE	DATE O	F VISA	APPI		ATURE	FAL.	