



LITHUANIAN LEGATION  
2622 SIXTEENTH STREET, N. W.  
WASHINGTON, D. C. 20009

APPLICATION FOR VISA  
TO REPUBLIC OF LITHUANIA

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

MAIDEN OR OTHER NAMES WHICH YOU HAVE USED: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

CITY STATE COUNTRY

TELEPHONE \_\_\_\_\_  
HOME WORK

OCCUPATION \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
MONTH/DAY/YEAR

BIRTHPLACE \_\_\_\_\_  
CITY/STATE OR PROVINCE/COUNTRY

PASSPORT \_\_\_\_\_  
COUNTRY NUMBER

PURPOSE OF VISIT \_\_\_\_\_

ANTICIPATED DATES OF VISIT \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_