



Family name		First, middle name	
Place of birth		Date of birth	(dd/mm/yy)
Nationality at birth		Nationality/at present	
Father's name		Mother's name	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Profession	
Present address			
Business address			
Permanent address			
Phone		E-Mail	
Approximate date of your entry to Turkey (dd/mm/yy)	What is the purpose of your visit to Turkey?		
How long do you intend to stay in Turkey?			
Do you have any acquaintances/relatives in Turkey?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please write their name and address.			
Have you previously applied for a Turkish visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Have you ever been refused a visa to Turkey?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Have you ever been deported from Turkey?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of travel document do you possess?	<input type="checkbox"/> Passport <input type="checkbox"/> US Reentry Permit <input type="checkbox"/> US Refugee Document <input type="checkbox"/> Other		
Passport/Travel Document No.			
Issue date of passport/travel document	- (dd/mm/yy)		
Expiry date of passport/travel document	- (dd/mm/yy)		
Passport/travel document was issued by			
What type of visa are you applying for?	<input type="checkbox"/> Single entry <input type="checkbox"/> Multiple entry <input type="checkbox"/> Single transit <input type="checkbox"/> Double transit		
How will you cover your living expenses in Turkey?			
Please state your means of transportation while traveling to Turkey			
Please state the planned port of entry.			
Please state your address and tel nr in Turkey	-		
<i>Please list all members of your family who will be traveling with you.</i>			
Name(s)	Relationship	Place of birth	Date of birth
			(dd/mm/yy)
			(dd/mm/yy)
Please fill in the date and sign in the space below. I certify that the statements herewith are true to the best of my knowledge.			
Date:	(dd/mm/yy)	Signature:	

TRAVELER ONE (1):

First Name:	Last Name:	M.I.:
Passport #:	Date of Birth:	

TRAVELER TWO (2):

First Name:	Last Name:	M.I.:
Passport #:	Date of Birth:	

SERVICES REQUESTED

Passport:	<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Add Pages	<input checked="" type="checkbox"/> Amendment
Visa:	<input checked="" type="checkbox"/> Tourist	<input checked="" type="checkbox"/> Business	<input checked="" type="checkbox"/> Missionary	<input checked="" type="checkbox"/> Support
Country/Countries for which visa is required				
Entry:	<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/> Double	<input checked="" type="checkbox"/> Multiple	
Processing Speed:		Departure Date:		

SHIP TO:

Company:	Contact Name:
Telephone #:	Email:
Address: (no p.o. box)	

FORM OF PAYMENT:

<input checked="" type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Company Check		<input checked="" type="checkbox"/> Visa		<input checked="" type="checkbox"/> MasterCard		<input checked="" type="checkbox"/> Discover (if check provide check #)		Check #:
Cardholder's Name:					Credit Card Number:					
Expiration Date:					CVV2 code:					
I authorize International Visa Service to charge the amount of: \$										
Signature:						Date:				

Please send all documents, including this form, and payment for the service fee, consular fee, and mailing fee to the address above. Services, fees and consular fees are non-refundable. International Visa Service is NOT responsible for any policy changes at any Consulates as well as delays, damages or loss of documents resulting from the action of the Embassy or mail courier service.

For official use only, please do not write below this line.