



Embassy of Cuba  
BAKU

VISA  
PHOTO  
ATTACHED

FIRST SURNAME		SECOND SURNAME	
NAME(S)		MAIDEN NAME	
SEX ___ Male ___ Female	DATE OF BIRTH Day / Mmonth / Year	COUNTRY OF BIRTH	CITIZENSHIP
NAME OF PARENTS Father _____ Mother _____		MARITAL STATUS ___ Single ___ Married	PASSPORT Type _____ Number _____
<b>HOME ADDRESS</b>			
Number & Street		Apt.	Telephone
City		State	Zip Code
PROFESSION	PRESENT OCCUPATION	EDUCATIONAL LEVEL ___ Elementary ___ College ___ Junior High ___ University	
<b>EMPLOYMENT</b>			
Organization or Employer		Type of Bussiness	
Full Address		Telephone	
<b>PLACE OF STUDY</b>			
Name & Type of School		Course Level	
Full Address		Telephone	
Province of Destination	<b>ENTRY INTO CUBA</b>		Purpose of Visit
	Length of Stay		
Itinerary	Date of Travel	Where the Visa will be issued	

**REFERENCE IN CUBA**

Name & Address

HAVE YOU VISITED CUBA PREVIOUSLY?

DATE(S)

LENGTH OF STAY:

VIA:

PURPOSE:

LODGING ADDRESS IN CUBA:

SIGNATURE OF APPLICANT