



## FRENCH REPUBLIC

## LONG-STAY VISA APPLICATION FORM

This application form is free

IDENTITY  
PHOTOGRAPH

EMBASSY OR CONSULATE STAMP		BOX FOR VISA NUMBER STICKER	
1. Surname (Family name)		<b>For official use only</b>  Application date:  Application number:  Processing officer(s):	
2. Former surname(s)			
3. First name(s)			
4. Date of birth (day-month-year)			
5. Place of birth			
6. Country of birth		7. Current nationality	
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)	
10. For minors: Surname, first name, address (if different from applicant's) and nationality of parental authority / legal guardian			
11. National identity number, where applicable:			
12. Type of travel document <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Other travel document (please specify):			
13. Number of travel document		14. Date of issue (DD/MM/YY)	
15. Valid until (DD/MM/YY)		16. Issued by	
17. Applicant's home address (no., street, city, postcode, country)			
18. Email address		19. Telephone number(s)	
20. If you are resident in a country other than the country of current nationality, please state: Number of residence permit      Date of issue      Valid until			
21. Current occupation			
22. Employer (employer's address, email and telephone number) - For students, name and address of educational institution			
23. I request a visa for the following purpose: <input type="checkbox"/> Employment <input type="checkbox"/> Studies <input type="checkbox"/> Training period/education <input type="checkbox"/> Marriage <input type="checkbox"/> Medical reasons <input type="checkbox"/> Family stay <input type="checkbox"/> Private stay/Visitor <input type="checkbox"/> Re-entry visa <input type="checkbox"/> Official taking up of duties <input type="checkbox"/> Other (please specify):			
24. Name, address, email address and telephone number in France of inviting employer / host institution / family member, etc.			
25. What will be your address in France during your stay?			

**OFFICIAL DECISION**  
  
Date:  
  
☐ GRANTED  
☐ REFUSED

Please use the French language

form to apply for visa

