

Phone Number: (480) 306-1919

Email: phyu@udsaz.com

Social Visa for Union of Myanmar

Myanmar Embassy
Equitable Life Building
3435 Wilshire Blvd #1590
Los Angeles, CA 90010

Name: _____ Date of birth: ___/___/___
(First) (Middle) (Last)

Place of birth: _____/_____/_____
(City) (State) (Country)

Nationally: _____ Sex: ___ Male ___ Female

Present occupation (ex. Student or Work): _____

Marital status: ___ Married ___ Divorced ___ Separated ___ Single

Spouse's full name: _____

Present address in U.S.: _____

Contact # (cell): _____ Email: _____ Work #: _____

Have you ever been to Myanmar? ___ (If yes) Date: _____

Name and address in Myanmar where you stay: _____

Plane Ticket Date: _____

Parent's Information

Father full name: _____

Date of birth: _____

Place of birth (country only): _____

Sex: ___ Male ___ Female

U.S. Citizen? ___ Yes ___ No

Mother's full name: _____

Date of birth: _____

Place of birth (country only): _____

Sex: ___ Male ___ Female

U.S. Citizen? ___ Yes ___ No