



COUNTY OF SAN MATEO
OFFICE OF THE SHERIFF

A TRADITION OF SERVICE SINCE 1856

CARLOS G. BOLANOS, SHERIFF
MARK C. ROBBINS, UNDERSHERIFF

APPLICATION FOR A VISA LETTER / POLICE CLEARANCE LETTER

PLEASE PRINT

Full Name: _____

Last

First

Middle

Date of Birth: _____ **Place of Birth:** _____

Sex: _____ **Race:** _____ **Hair Color:** _____ **Eye Color:** _____ **Height:** _____ **Weight:** _____

Social Security #: _____ **Driver's License #:** _____ **State:** _____

Other Names Used: _____

Current Address: _____

Number

Street

Apt.

City

State

Zip

Telephone #: _____ **Occupation:** _____

Employer's Name & Address: _____

Name

Address

Name of Nearest Relative or Friend: _____ **Relationship:** _____

Address: _____

Applicant's Signature

Date

WILL PICK UP? (Y/N) _____ *TO BE MAILED? (Y/N) _____ NOTARIZATION? (Y/N) _____

(Complete address required, include zip code) *MAIL TO ADDRESS: _____