# Liberian Visa Application

VISA CONTROL NO. _____

1. NAME: _____, _____, _____
   Last First Middle

2. SEX: _____ DATE OF BIRTH: _____
   DAY MONTH YEAR

3. PLACE OF BIRTH: _____

4. NATIONALITY: _____ COUNTRY OF ORIGIN: _____

5. PASSPORT NUMBER/TYPE: _____ OCCUPATION _____

6. HAVE YOU APPLIED FOR A LIBERIAN VISA BEFORE? NO. ☐ YES ☐
   WHERE _____ WHEN _____ TYPE OF VISA
   _____ VISA WAS ISSUED ☐ VISA WAS DENNIED ☐

7. REASON FOR APPLYING FOR A LIBERIAN VISA ☐ OFFICIAL ☐
   VISITING ☐ TRANISITING ☐ IF OTHER REASON, SPECIFY _____
   _____

8. WHERE DO YOU INTEND TO STAY IN LIBERIA _____
   _____ TELEPHONE # _____

IF THIS APPLICATION HAS BEEN PREPARED BY A TRAVEL AGENCY OR ANOTHER PERSON ON YOUR BEHALF, THE AGENT SHOULD INDICATE NAME AND ADDRESS OF AGENCY OR PERSON WITH APPROPRIATE SIGNATURE OF INNDIVIDUAL PREPARING FORM _____
_____

DATE OF APPLICATION: _____

APPLICANT SIGNATURE: _____

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BELOW IS RESERVED FOR PASSPORT OFFICE ONLY

A. Color of eyes _____ B. Color of hair _____ C. Height _____
D. Moustache _____ E. Complexion _____ F. Beard _____
G. Special pecularites _____

VISA ISSUED _____ VISA EXPIRES _____

_____
DIRECTOR OF PASSPORTS/VISAS R. L.