

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 TRANSITING 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 INDIVIDUAL PREPARING FORM _____

DATE OF APPLICATION: _____

APPLICANT SIGNATURE: _____

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 peculiarities _____

VISA ISSUED _____ VISA EXPIRES _____

DIRECTOR OF PASSPORTS/VISAS R. L.