



REPUBLIC OF LIBERIA
MINISTRY OF FOREIGN AFFAIRS

PASSPORT OFFICER ONLY

NO: _____

DATE OF ISSUANCE: _____

PASSPORT EXPIRY DATE: _____

RECEIPT NO: _____

PLEASE PRINT
CLEARLY

1. NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

2. LAST ADDRESS IN LIBERIA: _____

3. ADDRESS IN UK: _____

4. TELEPHONE NO: _____ OCCUPATION: _____

5. PLACE OF BIRTH: _____ DATE OF BIRTH: _____

6. SEX: _____ MARITAL STATUS: _____ COLOR OF EYES: _____

7. COLOR OF HAIR: _____ HEIGHT: _____ WEIGHT: _____

8. BEARD: _____ MOUSTACHE: _____ SPECIAL PECULIARITIES: _____

9. FATHER'S NAME: _____ MOTHER'S NAME: _____

10. FATHER'S NATIONALITY: _____ MOTHER'S NATIONALITY: _____

11. FATHER'S OCCUPATION: _____ MOTHER'S OCCUPATION: _____

12. ARE YOU A NATURALIZED CITIZEN? _____ YOUR NATIONALITY: _____

13. PURPOSE OF APPLICATION: _____

14. INDICATE AT LEAST TWO PERSONS IN CASE OF EMERGENCY:

A. _____
NAME ADDRESS TEL. NO.

B. _____
NAME ADDRESS TEL. NO.

15. PREVIOUS PASSPORT NO: _____ DATE OF ISSUANCE: _____

I HEREBY CERTIFY AND DECLARE THAT EACH OF THE ABOVE PARTICULARS AS STATED BY ME IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY MISLEADING INFORMATION GIVEN, DISQUALIFIES ME FROM OBTAINING THE DOCUMENT(S) REQUESTED.

DATE FORM WAS FILLED IN: _____ APPLICANT'S SIGNATURE: _____

SIGNATURE OF PASSPORT OFFICER / COUNSEL: _____