

EMBASSY OF THE REPUBLIC OF LIBERIA

5201 16th Street, NW Washington, DC 20011

202 723 0437 / tel 202 723 0436 / fax

www.liberianembassyus.org/consular/passport

PASSPORT RENEWAL

| Name (First/Middle Initial/Last) | |
|--|-------------|
| Date Of Birth | |
| Place of Birth | |
| Hair Colour | |
| Height | |
| Profession/Occupation | |
| Street Address/Suite No. | |
| City/State/Zip | |
| Telephone | |
| Email Address | |
| Passport Number | |
| Date Issued | |
| Place of Issue (City/Country) | |
| Expiration Date | |
| I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the Republic of Liberia. The statements made on the application are true and correct; 2) I have not knowingly and willfully made false statements or included false documents in support of this application; and 3) the photograph submitted with this application is a genuine, current photograph of me. I fully understand that any misleading information given will immediately disqualify me from obtaining a Passport. | |
| Signature of Applicant | |
| Signature of Person Filling Form | |
| FOR EMBASSY USE ONLY | RENEWAL No. |
| | ISSUED |
| | EXPIRATION |
| | APPROVED BY |

US **\$75**

SAME-DAY RUSH ADD US\$ 75.00

NEXT DAY RUSH ADD US\$ 50.00

ABSOLUTELY NO cash or personal cheques accepted. All fees are non-refundable. All fees are to be paid in US Dollars via money order, cashier cheque or bank draft. Make payable to: Embassy of Liberia.

REQUIREMENTS FOR PASSPORT RENEWAL

- Applicant must mail/bring in the actual expired Liberian Passport.
- 2. Two (2) passport size photographs:
 - 2 x 2 inches in size, in full colour and
 - Taken within the past six (6) months, showing current appearance.
 - Full face, front view with a plain white or off-white background.
 - Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head.
 - Taken in normal street attire. Uniforms should not be worn, only religious attire that is worn daily.
 - Do not wear a hat or headgear that obscures the hair or hairline.
 - If prescription glasses, a hearing device, wig or similar article is normally worn, it should be worn for your picture.
 - Dark glasses or non-prescription glasses with tinted lenses are unacceptable unless needed for medical reasons. A medical certificate may be required.
- 3. A signed, completed application form.
- 4. Self-addressed, prepaid envelope for document return.