

New Passport, Laissez Passer & Birth Affidavit Form

PHOTO



CONSULATE GENERAL OF LIBERIA IN NEW YORK
866 UN PLAZA, SUITE 478, NEW YORK, NY 10017
TEL. NO. 212-687-1025 FAX NO. 212-599-3189
E-MAIL ADDRESS: Liberiacongenny@yahoo.com

Document No.: _____

Date of Issuance: _____

Expiration Date: _____

Fee(s): _____

Receipt No.: _____

Name: _____

Address in Liberia: _____

Address in USA: _____

Contact No.: _____ Place of Birth: _____ Date of Birth: _____

Sex (F/M): _____ Marital Status: _____ Occupation: _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

Father's Name: _____ Mother's Name: _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Nationality: _____ Mother's Nationality: _____

Are You A Naturalized Citizen of Liberia? _____ Your Nationality: _____

Purpose of Application: _____

Indicate at least 2 persons in case of emergency:

Name: _____ Address/Telephone No.: _____

Name: _____ Address/Telephone No.: _____

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 of Application: _____ Applicant's Signature: _____

Approved by/ Signature of Consular Officer: _____