



Visa Application Form

Embassy of the Republic
of Liberia, U.S.A

5201 16th Street N.W.

Washington D.C., 20011

Ph: (202)723-0437

Fax: (202)723-0436 Web: www.liberianembassyus.org

Place Photo here

Fees

ECOWAS CITIZENS:

No Visa Required

U.S. Citizens \$ 160.00 1 Year Only Option Available

ALL OTHERS: Single: 1-3 Months – US\$ 70.00 Multiple: 1 Year – US\$ 150.00 Multiple: 2 Year – US\$ 250.00 Multiple 3 Year – US\$ 350.00

1. Name (first, middle initial, last)	<input type="text"/>
2. Address: Street	<input type="text"/>
3. Address: City, State, zip code	<input type="text"/>
4. Telephone: Home, Cell or both	<input type="text"/>
5. Email Address	<input type="text"/>
6. Date of Birth: DD, MM, YYYY	<input type="text"/>
7. Place of Birth: City or State, Country	<input type="text"/>
8. Nationality	<input type="text"/>
9. Passport Number	<input type="text"/>
10. Place Issued: city or state, country	<input type="text"/>
11. Date Issued	<input type="text"/>
12. Expiration Date: MM / YYYY	<input type="text"/>
13. Visa Type (Non U.S Citizens only)	Check one Box: Single <input type="checkbox"/> Multiple-1 <input type="checkbox"/> Multiple-2 <input type="checkbox"/> Multiple-3 <input type="checkbox"/>
14. Date of Travel	<input type="text"/>
15. Length of Stay: months, weeks, Days	<input type="text"/> Months <input type="text"/> weeks <input type="text"/> Days
16. Purpose of Trip, enter all applicable below: Family visit, Tourist, Business, Diplomatic, Official, Employment, Other. If other, explain below.	<input type="text"/>



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17. Name of Contact in Liberia: first, last

18. Address of Contact: City, County

19. Contact Telephone Number

20. Address in Liberia: City, County

21. How can you be contacted?: phone, email

22. Last Visit to Liberia /Time Spent There

LAST VISIT		TIME SPENT			
Month	Year	Days	Wks.	MThs.	Yrs.

I declare under penalty of perjury, that the information furnished in this application is true, and that the photograph here supplied is a recent picture of the applicant.

23.. Signature of Applicant / date of application

_____ / _____

24.. OR Name of person filing this form

25. .Signature of person filing this form / date

_____ / _____

Below this line is for Embassy official use only

Visa Number

Type of Visa Granted/

Date Issued / Expiration

Amount Paid

\$ ▶

Approved: