



EMBASSY OF THE REPUBLIC OF LIBERIA  
 12 PLACE DU GENERAL CATROUX  
 PARIS 75017  
 01 47 63 58 55/ tel.  
 01 42 12 76 14/ fax

DIPLOMATIC /OFFICIAL /REGULAR VISA

NAME(First/ Middle Initial/Last )			
Street Address/Suite N°			
City/State/zip			
Telephone			
Email Address			
Date of Birth			
Place of Birth(City/ Country)			
Nationality			
Passport Number			
Place Issued			
Date Issued			
Expiration Date			
Visa Type Requested	Single (3 months)		
	Multi (6 months)		Multi (1 year)
Proposed Travel Date			
Length of Stay			
Purpose of Trip	Business	Tourism	Employment
	Official	Diplomatic	Other
If "Other" please explain			

Is this your first visit to Liberia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Reference 1:	
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Employer telephone	
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Street Address	
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City/State/Zip	
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Telephone	
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Reference 2:	
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Employer telephone	
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Street Address	
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City/State/Zip	
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Telephone	
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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 wilfully 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 Visa.

Signature of Applicant	
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For Embassy Use only	Visa N°	
	Issued	
	Expiration	
	Approved by	