



**REPUBLIC OF LIBERIA
BUREAU OF PASSPORT & VISAS**



**MINISTRY OF FOREIGN AFFAIRS
MONROVIA, LIBERIA**

LIBERIAN ECOWAS BIOMETRIC PASSPORT APPLICATION FORM

No. _____

PLEASE PRINT IN BLOCK/CAPITAL LETTERS

1. NAME: _____
Last Name
First Name
Middle Name

2. PREVIOUS NAME: _____

3. SEX/GENDER: Female Male 4. DATE OF BIRTH: _____
Month
Day
Year

5. HEIGHT: _____ (ft.in)

6. PLACE OF BIRTH: _____
Town/City
County
Country

7. PROFESSION/OCCUPATION: _____

8. NATIONALITY: _____

- A. Citizen: If Liberian, provide Birth Certificate/Liberian Passport/Road to Health Chart/National ID Card.
- B. Naturalization: If naturalized, provide documents.
- C. Declaration: If by declaration, provide (Court Decree of Oath of Allegiance)
- D. Have you obtained naturalization in a foreign state? Yes No
- E. Have you ever taken an Oath or made an affirmation or formal declaration of allegiance to a foreign state? Yes No
- F. Have you ever been issued a Liberian Passport? Yes No . If yes state issuance date _____ and passport No. _____
- G. Have you ever served in the armed forces of another state? Yes No
- H. Have you ever voted in the political election of another state? Yes No
- I. Have you ever made a formal renunciation of Liberian Nationality before a diplomatic or counselor officer of Liberia in a foreign state? Yes No

If yes, please state the country. _____

8 a. ADDRESS: _____

9. MARITAL STATUS: Single Married Separated Divorced Widow (er)

10. CONTACT NUMBER: _____ 11. Email Address: _____

12. ARE YOU EMPLOYED? Yes No

13. EMPLOYER: _____

14. HAVE YOU EVER BEEN ISSUED A LIBERIAN ECOWAS BIOMETRIC PASSPORT? Yes No Passport#: _____

15. CITY OF APPLICATION: Monrovia, Liberia

16. APPLICATION DATE: _____
Month
Day
Year

17. FATHER'S NAME: _____ Living Dead
Name
County/Country of Origin

18. MOTHER'S NAME: _____ Living Dead
Name
County/Country of Origin

19. TWO PERSONS TO VOUCH FOR YOUR CITIZENSHIP:

A. _____
Name
Relationship
Contact

B. _____
Name
Relationship
Contact

20. TWO PERSONS TO CONTACT IN CASE OF EMERGENCY:

A. _____
Name
Relationship
Contact

B. _____
Name
Relationship
Contact

• ALL FEES COLLECTED DURING THE PROCESSING OF LIBERIAN ECOWAS BIOMETRIC PASSPORT IS NON-REFUNDABLE.

DISCLAIMER

21. I hereby declare that the information provided herein are true and correct to the best of my knowledge. **NOTE:** you could be prosecuted for perjury or attempt to falsify **Liberian Citizenship** if your information is not true and correct.

Signed _____ Date: _____
Applicant's Signature/Thumb Print
Day
Month
Year