

REPUBLIC OF L IBERIA BUREAU OF PASSPORT & VISAS



MINISTRY OF FOREIGN AFFAIRS MONROVIA, LIBERIA

LIBERIAN ECOWAS BIOMETRIC PASSPORT APPLICATION FORM

NAME:	Last Name		First Name	1	Middle Name	
PREVIOUS NAME	:					
SEX/GENDER:	Female	Male	4. DATE OF BIRTH:			
HEIGHT:	(ft.in)		Mont	h Dav	Ye	ear
PLACE OF BIRTH:	` ,					
DDOEECTONIOCCI	Town/City		County		Country	
NATIONALITY:			- IDF Day	_		
A. B. C. D. E. F. G. H.	Citizen: If Liberiar Naturalization: If Declaration: If by Have you obtaine Have you ever tak Have you ever be Have you ever sen Have you ever vot	n, provide Birth (naturalized, pro declaration, pro d naturalization en an Oath or r en issued a Liber ved in the armed ted in the politicate a formal ren eign state? Yes	Certificate/Liberian Passport/Road (vide documents.) vide (Court Decree of Oath of Allegon in a foreign state? Yes No made an affirmation or formal declarian Passport? Yes No lify yes differed forces of another state? Yes all election of another state? Yes nunciation of Liberian Nationality borders.	giance) laration of allegiance s state issuance date No No	e to a foreign stat	ort No
. CONTACT NUMBE	ER:	√4 _P	rated Divorced Widow (er) 11. Email Address: 13. EMPLOYER: VAS BIOMETRIC PASSPORT?	7 7		-
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_ Date: _

Applicant's Signature/Thumb Print

Day

Month

Year