



Republic of Liberia

# NATIONAL IDENTIFICATION REGISTRY

Allison Street, Congo Town



## Application Form – Resident

GOL/NIR-AF-R-02

[\* Mandatory Fields to be filled by the Applicant.]

\*Full Name: \_\_\_\_\_  
*Last Name First Name Middle Name*

\*Father's Name: \_\_\_\_\_  
*Last Name First Name Middle Name*

\*Mother's Name: \_\_\_\_\_  
*Last Name First Name Middle Name*

\*Current Address: \_\_\_\_\_  
*Street/Community City/Town County*

\*Sex/Gender:  Female  Male    Height: \_\_\_\_\_ (ft, in)    \*Date of Birth: \_\_\_\_\_  
*Month Day Year*

Place of Birth: \_\_\_\_\_  
*Town/City County/State Country*

Contact Number: \_\_\_\_\_    Email Address: \_\_\_\_\_

\*Marital Status:  Single  Married  Separated  Divorced  Widow(er)

If married, Spouse Name: \_\_\_\_\_

Card Type:  Resident ID card    Resident Permit Number: \_\_\_\_\_

### Documents Attached to Application Form

Passport     Birth Certificate     Resident Permit     Others

**DISCLAIMER:** I hereby declare that the information provided herein is true and correct to the best of my knowledge.

Signed \_\_\_\_\_  
Applicant's Signature / Thumb Print

Date: \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Immigration Officer Signature

\_\_\_\_\_  
NIR Officer Signature & Stamp