



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	<table border="1"><tr><td>Single (3 months)</td><td></td><td></td></tr><tr><td>Multi (6 months)</td><td></td><td>Multi (1 year)</td></tr></table>			Single (3 months)			Multi (6 months)		Multi (1 year)				
Single (3 months)													
Multi (6 months)		Multi (1 year)											
Proposed Travel Date													
Length of Stay													
Purpose of Trip	<table border="1"><tr><td>Business</td><td></td><td>Tourism</td><td></td><td>Employment</td></tr><tr><td>Official</td><td></td><td>Diplomatic</td><td></td><td>Other</td></tr></table>	Business		Tourism		Employment	Official		Diplomatic		Other		
Business		Tourism		Employment									
Official		Diplomatic		Other									
If "Other" please explain													

Is this your first visit to Liberia	☐	Yes	☐	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	