



Consulate General of Liberia in New York
228 East 45th Street, Suite 602
New York, New York 10017

Application for Visa

Photo

Office use only
Visa No.: _____
Date of Visa: _____
Expiration Date: _____
Fees: \$ _____
M/Order No. _____
D/C # _____
Receipt No: _____

Last Name _____ First Name _____ Middle Initial _____ Title _____

Former Name (if any) _____ E-mail Address _____

Gender: Male ☐ Female ☐ Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Height _____

Present Address _____

City _____ State _____ Zip Code _____ Country _____ Phone # _____

Permanent Address (if different) _____

Date of Birth _____
(Month) (Day) (Year)

Place of Birth _____
(City/Town) (Country)

Nationality or Citizenship _____ Former Nationality (if any) _____

Passport No. _____ Place of Issuance _____

Date of Issuance _____ Date of Expiration _____

Professional Occupation _____

Name of Employer _____

Business Address _____

Business Telephone No. _____

Have You Visited or Lived in Liberia before? _____ If yes, list the date of last visit or stay _____



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Application for Visa (page 2)

Visa Type (**U.S. Citizen**): (check one) Single: 1-3 months (\$ 160) ☐ Multiple: 1 year (\$ 160) ☐

Visa Type (**Non U.S. Citizen**) (check one): Single: 1-3 months (\$70) ☐ Multiple: 1 year (\$150) ☐
Multiple: 2 years (\$ 250) ☐ Multiple: 3 years (\$350) ☐

- Same day processing (additional \$75.00) ☐
- Next day or less than 5 days processing (additional \$50.00) ☐

Note: Applicants outside the United States need to purchase Money Order from an American-affiliated Bank.

ALL Fees are non-refundable

Purpose of journey to Liberia (check one):
Official ☐ Visitors/Tourism ☐ Business/Employment ☐
Diplomatic ☐ Other ☐

Date of Entry _____ Traveling by (check one) Air ☐ Sea ☐

Intended length of stay in Liberia _____ Days ☐ Weeks ☐ Months ☐ Years ☐

Contact information of two (2) references/copy of hotel reservation in Liberia (if applicable)

1. Last Name _____ First Name _____ Middle Initial _____
Address _____ Contact No. _____
E-mail Address: _____

2. Last Name _____ First Name _____ Middle initial _____
Address _____ Contact No. _____
E-mail Address: _____

For Minor: Will this applicant be accompanied by an adult? _____

If yes, please fill in the following; If no please circle

Last Name _____ First Name _____ Middle Initial _____
Relationship to Applicant _____ Age _____ Gender Male ___ Female ___
Contact No.: _____ E-mail Address: _____

I hereby certify and declare that each of the above particulars stated by me is true to the best of my knowledge and ability and that I would be prosecuted for perjury if found guilty of false information. Any misleading information given will disqualify me from obtaining a visa.

The Consulate reserves the right to request additional information in the processing of this application.

Signature of Applicant Date _____

Signature of person filling in form (if not same as applicant) Date _____