



Visa Application Form

Embassy of the Republic
of Liberia, U.S.A

5201 16th Street N.W.
Washington D.C., 20011

Ph: (202)723-0437

Fax: (202)723-0436 Web: www.liberianembassyus.org

Place Photo here

Fees

U.S. Citizens	ECOWAS Citizens	All Others	Service Fees
1 Year Multiple Entry Visa U.S. \$160 This is the only Visa available to U.S Citizens	No Visa Required	Single: 1-3 Mos. - U.S. \$70 Multiple 1 Yr. - U.S. \$150 Multiple 2 Yrs. - U.S. \$250 Multiple 3 Yrs. - U.S. \$350	Same day - U.S. \$75 Next day - U.S. \$50

PERSONAL INFORMATION

First Name	Middle Initial	Last Name
Date of Birth: DD/MM/YYYY	Place Of Birth: City or State	Country
Nationality	Mother's Name: First, Last	Father's Name: First, Last

CONTACT INFORMATION

Address: Street	City or State	Zip Code or Country
Telephone Number: Must be a working Number	Email Address if any	
Contact in Liberia: First Name	Contact in Liberia: Last Name	
Address of Contact in Liberia: Street or Area, City	County	Contact Phone no.
Your Address in Liberia: Street, Area or Hotel Name	Your Address in Liberia: City, County or Other Details	

PASSPORT INFORMATION

Passport Number	Nationality
Place Issued: CITY	Date Issue: DD/MM/YYYY
STATE or COUNTRY	Expires: DD/MM/YYYY



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TRAVEL INFORMATION

Visa Type: Check One Box	☐ U.S. Citizen	☐ Single: 1-3 mos.	☐ Multiple 1 Yr.	☐ Multiple 2 Yrs.	☐ Multiple 3Yrs.
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Date of Travel: DD/MM/YYYY

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Purpose of Trip, enter all applicable below: Family visit, Tourist, Business, Diplomatic, Official, Employment, Other

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Date of Last Visit to Liberia: MM/YYYY

Time Spent In Liberia

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DAYS

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WEEKS

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MONTHS

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YEARS

I declare under penalty of perjury, that the information furnished in this application is true, and that the photograph here supplied is a recent picture of the applicant.

Signature of Applicant / date of application _____ / _____

OR Name of person filing this form _____

Signature of person filing this form / date _____ / _____

FOR OFFICIAL USE ONLY

Visa Number:

Date Issued:

Expiration Date:

Application Approved: _____

Date Approved: _____