



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)	
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Street Address/Suite N°	
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City/State/zip	
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Telephone	
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Email Address	
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Date of Birth	
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Place of Birth(City/ Country)	
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Nationality	
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Passport Number	
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Place Issued	
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Date Issued	
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Expiration Date	
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Visa Type Requested	Single (3 months)		
	Multi (6 months)		Multi (1 year)

Proposed Travel Date	
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Length of Stay	
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Purpose of Trip	Business	Tourism	Employment
	Official	Diplomatic	Other

If "Other" please explain	
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Is this your first visit to Liberia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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	