

**EMBASSY OF LIBERIA  
WASHINGTON, DC**

**VISA APPLICATION**

Passport No.:.....  
Visa No.:.....  
Date of issuance.....  
Expiration date .....

NAME: Mr./Mrs./Miss.....

Accompanied by .....

Name	Age	Relation
------	-----	----------

.....	.....	.....
Name	Age	Relation

Passport Issued by .....

Date & Place of Birth.....

State	City	Country
-------	------	---------

Nationality:.....

Employer.....

Place of Residence.....

Height..... Weight..... Color of Hair..... Color of Eyes.....

Special Particularities .....

Purpose of Visit:.....

Mode of Travel ..... Length of Stay..... Final Destination.....

Have you ever been imprisoned.....

If so, present herewith certified dossier of prison record from competent authority from State of origin.

State inoculation obtained:.....

Present herewith Health Certificate Obtained.....

I hereby declare that I am free from all mental and communicable diseases, evidenced by medical certificate attached; that I have never been convicted of any crime or misdemeanor by any courts of the United States of America of these of any other country.

-----  
APPLICANT

Thumb Print

-----19.....

Fee \$.....

Visa granted this .....day of.....19.....

Visa expires .....,.....