



**REPUBLIC OF LIBERIA**  
**BUREAU OF PASSPORT & VISAS**

MINISTRY OF FOREIGN AFFAIRS  
MONROVIA, LIBERIA



**LIBERIAN ECOWAS BIOMETRIC PASSPORT APPLICATION FORM**

No. \_\_\_\_\_

PLEASE PRINT IN BLOCK/CAPITAL LETTERS

1. NAME: \_\_\_\_\_  
Last Name
First Name
Middle Name

2. PREVIOUS NAME: \_\_\_\_\_

3. SEX/GENDER:  Female  Male      4. DATE OF BIRTH: \_\_\_\_\_  
Month
Day
Year

5. HEIGHT: \_\_\_\_\_ (ft.in)

6. PLACE OF BIRTH: \_\_\_\_\_  
Town/City
County
Country

7. PROFESSION/OCCUPATION: \_\_\_\_\_

8. NATIONALITY: \_\_\_\_\_

- A. Citizen: If Liberian, provide Birth Certificate/Liberian Passport/Road to Health Chart/National ID Card.
  - B. Naturalization: If naturalized, provide documents.
  - C. Declaration: If by declaration, provide (Court Decree of Oath of Allegiance)
  - D. Have you obtained naturalization in a foreign state? Yes  No
  - E. Have you ever taken an Oath or made an affirmation or formal declaration of allegiance to a foreign state? Yes  No
  - F. Have you ever been issued a Liberian Passport? Yes  No . If yes state issuance date \_\_\_\_\_ and passport No. \_\_\_\_\_
  - G. Have you ever served in the armed forces of another state? Yes  No
  - H. Have you ever voted in the political election of another state? Yes  No
  - I. Have you ever made a formal renunciation of Liberian Nationality before a diplomatic or counselor officer of Liberia in a foreign state? Yes  No
- If yes, please state the country. \_\_\_\_\_

8 a. ADDRESS: \_\_\_\_\_

9. MARITAL STATUS: Single  Married  Separated  Divorced  Widow (er)

10. CONTACT NUMBER: \_\_\_\_\_      11. Email Address: \_\_\_\_\_

12. ARE YOU EMPLOYED? Yes  No

13. EMPLOYER: \_\_\_\_\_

14. HAVE YOU EVER BEEN ISSUED A LIBERIAN ECOWAS BIOMETRIC PASSPORT? Yes  No  Passport#: \_\_\_\_\_

15. CITY OF APPLICATION: Monrovia, Liberia

16. APPLICATION DATE: \_\_\_\_\_  
Month
Day
Year

17. FATHER'S NAME: \_\_\_\_\_ Living  Dead   
Name
County/Country of Origin

18. MOTHER'S NAME: \_\_\_\_\_ Living  Dead   
Name
County/Country of Origin

19. TWO PERSONS TO VOUCH FOR YOUR CITIZENSHIP:

A. \_\_\_\_\_  
Name
Relationship
Contact

B. \_\_\_\_\_  
Name
Relationship
Contact

20. TWO PERSONS TO CONTACT IN CASE OF EMERGENCY:

A. \_\_\_\_\_  
Name
Relationship
Contact

B. \_\_\_\_\_  
Name
Relationship
Contact

• ALL FEES COLLECTED DURING THE PROCESSING OF LIBERIAN ECOWAS BIOMETRIC PASSPORT IS NON-REFUNDABLE.

**DISCLAIMER**

21. I hereby declare that the information provided herein are true and correct to the best of my knowledge. **NOTE:** you could be prosecuted for perjury or attempt to falsify **Liberian Citizenship** if your information is not true and correct.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature/Thumb Print
Day
Month
Year