



**EMBASSY OF THE REPUBLIC OF LIBERIA  
GERMANY**

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Photo

**VISA APPLICATION FORM**

Name (Last/First/Middle)							
Date of Birth DD/MM/YYYY		Place of Birth					
Full Address							
Telephone Number			Email				
Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality		
Marital Status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	
Passport Number							
Place Issued							
Date Issued							
Expiration Date							
Visa Type Requested	Single	<input type="checkbox"/>	Multiple	<input type="checkbox"/>			
Proposed Travel Date							
Length of Stay	Day	<input type="checkbox"/>	Month	<input type="checkbox"/>	Year	<input type="checkbox"/>	

**Purpose of trip:**

Business     Tourism     Visitor

Official     Diplomatic     Others

Is this your first visit to Liberia?

YES

No

If No, when were you last there?

How long was your stay?

**Contact Information in Liberia:**

Name (Last/First / M)

Street Address

Telephone Number(s)

**If travelling for employment purposes, you must provide the full name, address and telephone number of your future employer as a professional reference.**

Name of Employer

Street Address

Telephone Number(s)

**I declare under penalty of perjury, that 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 who filled this form \_\_\_\_\_

Signature of person who filled this form / date \_\_\_\_\_/ \_\_\_\_\_  
\_\_\_\_\_

**FOR OFICIAL USE ONLY**

Visa Number

Date Issued:

Expiration Date:

Fee(s) Paid:

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_