



Consulate General of Liberia in New York
866 UN Plaza, Suite 478
New York, NY 10017

Application for Laissez Passer

Photo

For Office use ONLY
Document No: _____
Date of Issuances: _____
Expiration Date: _____
Fee(s): _____
Receipt No: _____

Last Name _____ First Name _____ MI _____ Title _____

Previous Name, if any: _____ Telephone # _____

Date of Birth _____ Gender Male Female
Month/Day/Year

Place of birth: Town _____ City _____ County _____ Country _____

Present Address _____

City _____ State _____ Zip Code _____ Country _____ Phone # _____

Profession/Occupation to be used in Passport _____

How did you obtain Liberian Citizenship? Nature Naturalized

Father's Last Name _____ First Name _____ MI _____
Living Deceased

Father's Country of Origin _____ Father's Nationality _____
Natural Naturalized

Father's date of Naturalization _____
Month/ Day/Year

Mother's Last Name _____ First Name _____ MI _____
Living Deceased

Mother's County of Origin _____ Mother's Nationality _____
Natural Naturalized

Mother's date of Naturalization _____
Month/Day/Year

Name of Next of Kin _____ Relationship to Next of Kin _____



Consulate General of Liberia in New York
866 UN Plaza, Suite 478
New York, NY 10017

Application for Laissez Passer (Page 2)

Emergency Contact Person: Last Name _____ First Name _____ MI _____ Title _____

Address of Emergency Contact Person _____

Proof of Citizenship: Birth Certificate Court Affidavit

Permanent place of residence in Liberia

Address of employer

Have you obtained a Liberian Passport before? Yes No If Yes, passport number _____
Issuances Date _____

List below names, relationship and addresses of two persons who can vouch for your citizenship and character

Name _____ Address _____ Relationship _____

Name _____ Address _____ Relationship _____

Physical Description:

Color of eyes _____ Height _____ Color of Hair _____

Mustache? Yes No Beard? Yes No Complexion _____

Special Peculiarities _____

I hereby certify and declare that each of the above particulars stated by me is true to the best of my knowledge and ability and that I would be prosecuted for perjury if found guilty of false information. Any misleading information given will disqualify me from obtaining a Liberia traveling document.

Signature of Applicant Date _____
Month/Day/Year

Signature of Applicant person filling in form if not same as applicant Date _____

Approved By: _____
Consular Office



Consulate General of Liberia in New York
866 UN Plaza, Suite 478
New York, NY 10017

Application for Laissez Passer (Page 3) Requirements

Laissez Passer Requirement

1. Copy of Liberian Passport
(If you don't have passport the copy of birth certificate or refugee documents or I-94 Form)
2. Copy of Airline tickets or Itinerary
3. Two (2) passport size photos.
4. Completion of Application Form.

Processing FEE of Seventy-five U.S Dollars (\$75.00).

Payable in **Money Order** to the order of **Liberia Consulate**.

-Same day processing fees for documents is an additional Seventy Five U.S Dollars (\$75) each.
(If dropped off before 12 pm, pick up is by 2:30 pm)

-Next day processing fees for documents is an additional Fifty U.S Dollars (\$50) each.

**Applicants need not apply in person. They must send a USPS self-stamped addressed envelope (EXPRESS MAIL) together with the requirements in order to ensure the return of the ready document (s).

Note: Additional requirements for Minor (17 Yrs. Old and below)

- Notarized letter from both parents requesting for the issuance of Laissez Passer (Travel Document) (Both parents must sign)
- If only one parent/guardian is traveling with minor, explain in the letter.
- If parent have full custody, attach copy of custody papers.
- If parents are not traveling with minor, state in letter who will be responsible for the minor (Attached copies of their passport and their (Itinerary) flight information)