



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 _____

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 _____



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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



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Application for Laissez Passer (Page 3) Requirements

Laissez Passer Requirement

1. Copy of Liberian Passport.
2. Copy of Airline tickets
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 Fifty U.S Dollars (\$50) each.

If dropped off before 12 pm, pick up is possible by 2:30pm.

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).