

Travel Document Application

T.D. No: _____
Date issued: _____
Renewal No: _____
Expiration date: _____

I hereby apply for a Travel Document

Full Name: _____
Date of Birth: _____
Place of Birth: _____
City or Town _____ Country _____

Age: _____

Place or residence in Liberia: _____

Place of residence in U.S.A.: _____

Telephone
Home: _____ Work: _____

If naturalized citizen of Liberia, give date and number of your Certificate of
Citizenship

Names of Parents: _____

Name of Father _____

(Living or Deceased) _____

Name of Mother _____ (Living or Deceased) _____

Their place of residence: _____
City or Town _____ Country _____

Are they Liberian citizens?

If citizens, are they naturalized or natural born?

What is your occupation: _____

When did you enter the United States of America: (Month & Year)

For what purpose: _____

Purpose for which Travel Document is required: _____

DESCRIPTION
Height: _____ Feet: _____ Inches:

Color of Eyes: _____ Color of Hair: _____

I hereby certify and declare that each of the above particulars as stated by me are true to the best of my knowledge and belief.

Dated this _____ day of _____ 200__

SIGNATURE OF APPLICANT _____

Action taken this _____ day of _____ 200__

**Print, fill in and mail to the
Embassy of Liberia
5201 16th Street, NW
Washington, D.C., 20011
Phone: 202-723-0437 Fax: 202-723-0436**

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