

	<p><b><u>Affidavit of Birth-Application Form</u></b></p> <p>Embassy of the Republic of Liberia  Rabat, Morocco  23, Rue Cadi Ben Hamadi Senhaji 10170 Souissi,  Rabat, Morocco  Tel/Fax: (+212) 5 37 63 84 26  E-mail: info@liberianembassymorocco.ma</p>	<p>PHOTO</p>
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<p><b><u>Liberian Citizens Only</u></b></p> <p>Affidavit of Birth Fee – 400.00 MAD  Processing Time – 2 Business Days  Express Service Fee – 200.00 MAD  Processing Time – 4 HRS</p>	<p><b><u>Bank Details</u></b></p> <p>Embassy of Liberia Consular  Fee Account: (011 810 00000321 000 2556422)  <b>Express Service Fee must be paid at Consular Office</b></p>	<p><b><u>Affidavit of Birth Requirements</u></b></p> <p>Affidavit of Birth Application Form: Available at the embassy or can be downloaded online, filled out, scanned and emailed to the Consular Seco- (consularservices@liberianembassymorocco.ma)  -Proof of Identity: National ID card or any other official document.  -Recent Passport-Style Photo: Full face on a white background.  -Declaration of Loss or Theft: If applicable.  -Proof of Citizenship: Applicant or parents of Applicant.  -Parental Authorization (Children Below 18 yrs)</p>
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NAME (First/Middle/Last)	
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Date of Birth		Place of Birth City/Country	
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Gender		Previous Name(s), if any	
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Birth Center/Hospital	
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Current Address City/Country		Phone #	
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How Did You Obtain Liberian Citizenship? (Check)	Birth ( )	Naturalized ( )
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Father's Name		Country of Origin		Living ( ) Dead ( )
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Mother's Name		Country of Origin		Living ( ) Dead ( )
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Proof of Citizenship	Birth Certificate ( )	Court Affidavit ( )	National ID( )
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Have You Obtained a Liberian Passport? Yes( ) No( )	Passport Number		Date of Issuance	
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**I declare under penalty of perjury, that the 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 filling this from ..... / .....

Signature of person filling this from / date ..... / .....

**For OFFICIAL USE ONLY**

Affidavit of Birth Number	
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Date Issued		Expiration Date	
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Payment Receipt Number		Date of Payment	
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Application Approved: .....

**Consular Officer**

Date Approved: .....