

	<p><b>Consular Card-Application Form</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><b>PHOTO</b></p>
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<p><b><u>Liberian Citizens Only</u></b>  Consular Card Fee – 500.00 MAD.  The consular card is valid for the period of two years.  Processing Time – 10 Days</p>	<p><b><u>Payment Information</u></b>  Payments for the processing of Consular Cards will be made at the Consular Section of the Embassy, and official receipts will be provided to the applicant.</p>	<p><b><u>Consular Card Requirements</u></b>  <b>Consular Card Application Form: Available at the embassy or can be downloaded online, filled out, scanned and emailed to the Consular Section- (consularservices@liberianembassymorocco.ma)</b>  -Proof of Identity: National ID card or any other official document.  -Recent Passport-Sized Photo: Full face on a white background.  -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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Marital Status		Number of Children (if any)	
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Name of Spouse		Nationality	
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<p><b><u>Children's Names</u></b></p> <p>1. 2. 3. 4. 5.</p>	<p><b><u>Dates of Birth</u></b></p>
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Place of work, or Business (where applicable)	
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Name of Employer (where applicable)		Phone Number	
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When did you Migrate to Morocco? (year)		Do you have Residence Permit? (Card #, if yes)	
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Current Address in Morocco (Home Address/City)		Phone Number	
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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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Name of Emergency Contact		Phone Number	
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Name of Kin		Phone Number	
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Proof of Citizenship (indicate the document number)	Birth Certificate: _____ Passport#: _____	
	National ID#: _____	
	Other (Specify): _____ Document #: _____	

Have you ever 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**

Consular Card Number	
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Date Issued		Expiration Date	
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Payment Receipt Number		Date of Payment	
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consular Officer

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

Head of Mission