

	<p><u>Death Certificate Attestation-Application Form</u></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>
---	--	---------------------

<p><u>Liberian Citizens Only</u></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><u>Bank Details</u></p> <p>Embassy of Liberia Consular Fee Account: Bank of Africa (011 810 00000321 000 2556422) Express Service Fee must be paid at Consular Office</p>	<p><u>Death Certificate Attestation Requirements</u></p> <p>Death Certificate Attestation Application Form: Available at the embassy or can be downloaded online, filled out, scanned and emailed to the Consular Secon- (consularservices@liberianembassymorocco.ma) -Proof of Citizenship -Police Report of the Incident -Death Certificate of the Deceased -Testimony (ies) from witness (es) -Photograph (copy of Deceased's Passport) -Contact information (Next of Kin) -Establishment of the relationship between Next of Kin and the Deceased (proof of relationship or marriage)</p>
---	---	---

Deceased Information

Name of Deceased (First /Middle/Last)			
Date of Birth		Place of Birth City/Country	
Gender		Previous Name(s), if any	
Proof of Citizenship	Passport ()	Birth Certificate ()	National ID () Court Affidavit ()
Place of Death (City, state, Country)			
Cause of Death, according to the Police/Hospital Report			
Last Address of the Deceased City/State/Country			

Residence Permit/ Work Permit Number, if Available	
--	--

Next of Kin's Information

Name of Next of Kin (First/Middle/Last)	
---	--

Next of Kin's Relationship with the Deceased	
--	--

Have You (Next of Kin) ever obtained a Liberian Passport? Yes() No()	Passport Number		Date of Issuance	
---	-----------------	--	------------------	--

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.

Name of person filling this from

Signature of person filling this from / date

For OFFICIAL USE ONLY

--	--

Date Issued		Expiration Date	
-------------	--	-----------------	--

Payment Receipt Number		Date of Payment	
------------------------	--	-----------------	--

Application Approved:

Consular Officer

Date Approved: