

	Consular Card-Application Form 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	PHOTO
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<u>Liberian Citizens Only</u> Étudiants 100 dh 3 ans Libériens 100 dh 1 an 250 dh 2 ans 300 dh 3 ans	<u>Payment Information</u> 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.	<u>Consular Card Requirements</u> 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) -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)
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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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<u>Children's Names</u>	<u>Dates of Birth</u>
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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