



Republic of Liberia

NATIONAL IDENTIFICATION REGISTRY

Allison Street, Congo Town



Application Form – Resident

GOL/NIR-AF-R-02

[* Mandatory Fields to be filled by the Applicant.]

*Full Name: _____
Last Name First Name Middle Name

*Father's Name: _____
Last Name First Name Middle Name

*Mother's Name: _____
Last Name First Name Middle Name

*Current Address: _____
Street/Community City/Town County

*Sex/Gender: Female Male Height: _____ (ft, in) *Date of Birth: _____
Month Day Year

Place of Birth: _____
Town/City County/State Country

Contact Number: _____ Email Address: _____

*Marital Status: Single Married Separated Divorced Widow(er)

If married, Spouse Name: _____

Card Type: Resident ID card Resident Permit Number: _____

Documents Attached to Application Form

Passport Birth Certificate Resident Permit Others

DISCLAIMER: I hereby declare that the information provided herein is true and correct to the best of my knowledge.

Signed _____
Applicant's Signature / Thumb Print

Date: _____
Month Day Year

Immigration Officer Signature

NIR Officer Signature & Stamp