



EMBASSY OF THE REPUBLIC OF LIBERIA  
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**(BIRTH AFFIDAVIT)**



**FEE £60.00**

**ABSOLUTELY NO cash or personal cheques accepted. All fees are non-refundable. Next day rush (£40.00)**

**AFFIDAVIT OF BIRTH REQUIREMENTS:**

1. Evidence of Liberian Citizenship: Photocopy of missing Birth Certificate; or Original Liberian Naturalization Certificate
2. If the copy of either/both of the Birth Certificate and /or Naturalization Certificate is not readily available, the following must be submitted
  - A notarized letter addressed to the Consular Section, stating how the original Birth Certificate went missing
  - Three (3) notarized letter from other Liberian citizens testifying to the citizenship of the applicant
  - Photocopy of the first five pages of the applicant's Liberian passport
3. Two (2) passport size photographs:
  - 2x2 inches, in full colour and identical
  - Taken within the past six (6) months, showing current appearance
  - Full face, front view with a plain white or off-white background
  - Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of that is worn daily
  - Taken in normal street attire. Uniforms should not be worn, only religious attire that is worn daily.
  - Do not wear a hat or headgear that obscures the hair or hairline.
  - If prescription glasses, a hearing device, wig or similar article is normally worn, it should be worn for your picture
  - Dark glasses or non-prescription glasses with tinted lenses are unacceptable unless needed for medical reasons. A medical certificate may be required.
4. A signed, completed application form

Name:			
	Last	First	Middle

Date of Birth:
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Place of Birth:	
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Mother's Full Name:
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Natural Born	Naturalized
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Father's Full Name:
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Natural Born	Naturalized
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Street Address/House#
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City/State/P-Code:
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Telephone:
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Email Address:
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Reason for Request:
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I declare under penalty of perjury that the statements made on the application is true and correct; and I have not knowingly and wilfully made false statements or included false documents in support of this application. I fully understand that any misleading information given will immediately disqualify me from obtaining an authenticated Birth Affidavit.

Signature of Applicant:	Date:
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FOR OFFICE USE ONLY

CONTROL NO:
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DATE:
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APPROVED BY:
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