REPUBLIC OF LIBERIA
BUREAU OF IMMIGRATION & NATURALIZATION
MINISTRY OF JUSTICE
MONROVIA, LIBERIA

No._____

PHOTO

EMERGENCY TRAVEL CERTIFICATE

To Whom It May Concern

NAME: _____
Last Name Middle Name First Name

NATIONALITY_____

DATE OF BIRTH_____
Month Date Year

PLACE OF BIRTH_____
Town/City County Country of Origin

LOCAL ADRESS: _____

OCCUPATION: _____

DESTINATION: _____

PURPOSE OF TRAVE: _____

ACCOMPANIED BY: _____

_____

_____

VALIDITY: _____

THIS TRAVEL CERTIFICATE IS ISSUED TO BEARER(S) IN LIEU OF THE ABSENCE OF A PASSPORT, AND THAT HE/SHE/THEY SHOULD BE ACCORDED EVERY ASSISTANCE TO FACILITATE THE JOURNEY.

ISSUED THIS_____DAY OF_____AD

_____
AUTHORIZED SIGNATURE