



Consulate General of Liberia in New York
866 UN Plaza, Suite 249
New York, NY 10017

Change of Name Form

Photo

Office use only
Document no.: _____
Date of Request: _____
Fees: \$ _____
Receipt no: _____

For the Following reason(s), I _____ wish to request a change of name due to; (please check what is applicable)

Marriage ___ Misspelled Name ___ Divorce ___

Other ___ (please explain) _____

Old Name: _____
New Name: _____
Date of Birth: _____
Place of Birth: _____
Passport Number: _____
Issued Date: _____
Expiration Date: _____

Present Address _____

City _____ State _____ Zip Code _____ Country _____ Phone # _____

I hereby certify and declare that each of the above information stated is true to the best of my knowledge and belief. Any misleading information given disqualifies me from obtaining the service(s) requested.

Signature of Applicant Date: _____
(Day) (Month) (Year)

Signature of person filling in form if not same as applicant

Approved By: _____
Consular Officer

* Please Note: If change of name is due to marriage or divorce, attach copy of marriage certificate or divorce decree. If name is misspelled in passport, attach copy of birth certificate. Include one passport size photo (white background, and full-face).