

**Passport Consent Form For Minor**

Date: [Date]

I/We, the undersigned, [Parent/Guardian Full Name(s)], am/are the legal parent(s) or guardian(s) of [Minor's Full Name], born on [Date of Birth], in [Place of Birth].

I/We authorize the issuance of a passport for the minor child mentioned above. I/We acknowledge that the information provided is true and correct to the best of my/our knowledge.

**Parent/Guardian Information:**

Parent/Guardian 1:

* Full Name: [Full Name]
* Relationship to Minor: [Relationship]
* Address: [Full Address]
* Telephone Number: [Phone Number]
* Email Address: [Email]

Parent/Guardian 2 (if applicable):

* Full Name: [Full Name]
* Relationship to Minor: [Relationship]
* Address: [Full Address]
* Telephone Number: [Phone Number]
* Email Address: [Email]

**Minor's Information:**

* Full Name: [Minor's Full Name]
* Date of Birth: [DOB]
* Place of Birth: [Place of Birth]

**Consent Statement:**

I/We hereby declare that the information provided here is accurate and true, and I/We consent to the application for a passport for the minor child named herein. I/We have read and understood the conditions under which the passport will be issued and agree to abide by them.

**Signature(s):**

[Parent/Guardian 1 Name]
Date: [Date]

[Parent/Guardian 2 Name]
Date: [Date] (if applicable)

**Witness (if required):**

* Full Name: [Full Name]
* Address: [Full Address]
* Telephone Number: [Phone Number]
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: [Date]

**Document Submission:**

Please attach copies of required documents as per the passport application guidelines, including proof of the minor's U.S. citizenship, evidence of parental relationship, and photo identification of the signing parent(s)/guardian(s).