**Passport Consent Form Witness**

horizontal line

**Minor’s Details:**

* **Full Name:** Emily Jane Smith
* **Date of Birth:** 01/03/2012
* **Place of Birth:** Boston, MA, USA
* **Passport Number:** [If previously issued]

**Parent/Guardian Details:**

1. **Parent/Guardian 1:**
   * **Full Name:** Sarah Lynn Smith
   * **Relationship to Minor:** Mother
   * **Contact Information:**
     + **Phone Number:** 617-555-0101
     + **Email Address:** sarah.smith@email.com
2. **Parent/Guardian 2:**
   * **Full Name:** David John Smith
   * **Relationship to Minor:** Father
   * **Contact Information:**
     + **Phone Number:** 617-555-0102
     + **Email Address:** david.smith@email.com

**Consent Declaration:** We, the undersigned, are the legal guardians of the above-named minor, Emily Jane Smith, and do hereby give our consent for her to apply for and obtain a passport. We affirm that the information provided here is correct and that any documents submitted alongside this consent form are authentic.

**Witness Details:**

* **Full Name:** Michael Aaron Brown
* **Address:** 123 Oak Lane, Boston, MA, USA
* **Contact Information:**
  + **Phone Number:** 617-555-0200
  + **Email Address:** michael.brown@email.com
* **Relationship to Minor/Guardians:** Family Friend

**Signatures:**

* **Parent/Guardian 1 Signature:** Sarah Lynn Smith
  + **Date:** 10/04/2024
* **Parent/Guardian 2 Signature:** David John Smith
  + **Date:** 10/04/2024
* **Witness Signature:** Michael Aaron Brown
  + **Date:** 10/04/2024

**Official Use Only:**

* **Received By:** Jane Doe, Passport Officer
* **Date:** 10/05/2024
* **Office Location:** Boston Passport Agency

**Comments:** [No additional remarks]