



File No. \_\_\_\_\_

**ACKNOWLEDGEMENT/CONSENT TO PROVISION OF  
PASSPORT FACILITIES FOR A MINOR CHILD**

I, \_\_\_\_\_

being the \_\_\_\_\_ of:  
father/mother/guardian

Name(s) of minor child(ren)	Date of Birth			Sex	
	Year	Month	Day	M	F

acknowledge that I am aware that an application has been made at \_\_\_\_\_  
Name of office

and, if required, I consent to the provision of passport facilities to them upon the application of  
\_\_\_\_\_  
Name of person applying for passport

born \_\_\_\_\_ who is the \_\_\_\_\_ of the said child(ren).  
Year Month Day father/mother/guardian

I declare that to the best of my knowledge and belief the name(s) of the child(ren) is/are not in any other passport.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Home Area Code Business

Address \_\_\_\_\_