

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Consulate/Embassy Name]  
[Consulate/Embassy Address]  
[City, State, ZIP Code]

Subject: Consent for Child Passport Application

To Whom It May Concern,

I, [Your Full Name], am the legal guardian of [Child's Full Name], born on [Child's Date of Birth]. I hereby give my consent for my child to apply for a passport.

I confirm that both parents/legal guardians are in agreement regarding this application.

Details of the Child:

Full Name: [Child's Full Name]  
Date of Birth: [Child's Date of Birth]  
Place of Birth: [Child's Place of Birth]

Details of Parent/Guardian giving consent:

Full Name: [Your Full Name]  
Relationship to Child: [Your Relationship, e.g., Mother/Father]

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicable:

(If the other parent is unavailable or unable to provide consent, please include)

I, [Other Parent's Full Name], give my consent for [Child's Full Name] to apply for a passport.

Signature of Other Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Please contact me at the above phone number or email address should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]