



STATEMENT OF CONSENT: ISSUANCE OF A U.S. PASSPORT TO A CHILD

Please Print Legibly Using Black Ink Only. If you make an error, complete a new form. Do not correct.

1. CHILD'S NAME (As it appears on form DS-11, Application for a U.S. Passport)

| | | | | | |
|-------------|--|--------------|--|---------------|--|
| Last | | First | | Middle | |
|-------------|--|--------------|--|---------------|--|

2. CHILD'S DATE OF BIRTH (mm/dd/yyyy)

| | |
|--|---|
| | 3. THIS CONSENT IS VALID FOR A: |
| | <input type="checkbox"/> Passport Book and Card <input type="checkbox"/> Book Only <input type="checkbox"/> Card Only |

4a. IS CHILD UNDER 16 YEARS OLD?

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4b. IF YES, PRINT NAME OF ADULT APPLYING WITH CHILD |
|--|--|

5. STATEMENT OF CONSENT To be completed by the legal parent/legal guardian who cannot apply with the child. The legal parent/legal guardian who cannot apply with the child must complete the information below. This statement expires 90 days after the date of notarization.

I, _____, give my consent to the issuance of a United States passport to the minor child
 Print Name of Legal Parent/Legal Guardian
 (who cannot apply in person with the child)
 named on this application. My consent is unconditional with regards to passport validity and travel.

| | | | | |
|----------------|------------------|------|---------------|----------|
| Street Address | Apt# | City | State | Zip Code |
| () | | | | |
| Area Code | Telephone Number | | Email Address | |

STOP! YOU MUST SIGN AND DATE BELOW IN FRONT OF A NOTARY.

OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.

| | |
|--|-------------------|
| Signature of Legal Parental/Legal Guardian (who cannot apply in person with the child) | Date (mm/dd/yyyy) |
|--|-------------------|

IMPORTANT: You must submit a clear photocopy of the front and back of the identification you presented to the notary. The date you sign the form must be the same date that the notary signs the form.

6. FOR COMPLETION BY NOTARY

On the date specified above and below, the affiant listed above, who is not related to me, personally appeared before me and is known to me to be the person whose name is subscribed to and acknowledged that he/she executed the same for the uses and purposes therein contained. I have properly verified the identity of the affiant by personally viewing the below notated identification document and matching photocopy.

| | | |
|--|---|-------------------------------------|
| Name of Notary | _____ | |
| | Print Name (Notary Public) | |
| Location | _____ | |
| | City, State | |
| Commission Expires | _____ | NOTARY SEAL |
| | Date (mm/dd/yyyy) | |
| Identification Presented by Legal Parent/Legal Guardian: (who cannot apply in person with the child) | <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other (specify) | |
| Legal Parent/Legal Guardian ID Number: | _____ | Place of Issue: _____ |
| Issue Date (mm/dd/yyyy): | _____ | Expiration Date (mm/dd/yyyy): _____ |
| Signature of Notary | _____ | Date of Notarization: _____ |