

U.S. Department of State STATEMENT OF CONSENT: ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16 Attention: Read WARNING and FORM INSTRUCTIONS on Page 1

1. MIN	IOR'S NAME											
Last				First				Midd	le			
2. MIN	OR'S DATE OF	BIRTH	(<i>mm/dd/</i> y	ууу)	3. T		ZATION IS VAL	ID FC	DR:			
						Passport Boo	ok and Card		Book Only	у	Card Only	
4. STATEMENT OF CONSENT To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor's application. Statements expire after 90 days .												
I, to apply	Print Name (<i>no</i> for a United States p		, c	,	med o	authorize		u	son applying Il in regards tr			
	Street Address (non-applyi	ng parent)			Apartment	City		<u> </u>	State	Zip Code	
	Area Code	Teleph	Telephone Number					E-mail Address				
	STOP!	YOU	MUST	SIG	N.	THIS FORM		ΤΟ	F A NO	TAR	(.	
STOP! YOU <u>MUST</u> SIGN THIS FORM 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 Non-Applying Parent or Guardian								Date (mm/dd/yyyy)			
	<u>NOTE</u> : A clear ph	otocopy c	of the front	and ba	ck of	the identification	you presented to	the not	ary is <u>requir</u>	<u>ed</u> with t	his form.	
5. STATEMENT OF CONSENT NOTARIZATION												
Name of Notary											-	
					ŀ	Print Name (Notary	Public)					
Locati	on											
-		City, State										
										NOTA		
Commission Expires					- 1 - /-					SEAL	-	
				U	ate (r	mm/dd/yyyy)						
	cation Presented -Applying Parent or an:)river's Lice	ense [P	assport 🔲 Mili	tary ID 🔲 Of	ther <i>(sp</i>	ecify)			
ID Num	iber:					P	lace of Issue:					
Issue Date (<i>mm/dd/yyyy</i>):						Expi	//yyyy) :					
OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above notated identification document and the matching photocopy.												
Signa	ture of Notary								e of arization			
Signa								NUL		Date	(mm/dd/yyyy)	