

# SAMPLE PARENTAL CONSENT



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

OMB CONTROL NO. 1405-0129  
OMB EXPIRATION DATE: 08-31-2019  
ESTIMATED BURDEN: 20 Minutes

<b>1. MINOR'S NAME</b>					
Last	SMITH	First	ANDREW	Middle	PAUL
<b>2. MINOR'S DATE OF BIRTH</b> (mm/dd/yyyy)		<b>3. THIS AUTHORIZATION IS VALID FOR:</b>			
12/29/2009		<input type="checkbox"/> Passport Book and Card <input checked="" type="checkbox"/> Book Only <input type="checkbox"/> 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, WILLIAM SMITH authorize ELIZABETH SMITH  
Print Name (non-applying parent/guardian) Print Name (person applying for minor's passport)

to apply for a United States passport for my minor child named on this application. My consent is unconditional in regards to passport validity and travel.

1543 GREEN RD. # 2 CHICAGO IL 63251  
Street Address (non-applying parent) Apartment City State Zip Code

(312) 528-5282 wschicago@gmail.com  
Area Code Telephone Number E-mail Address

**STOP! YOU MUST 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.

William Smith 03/30/2017  
Signature of Non-Applying Parent or Guardian Date (mm/dd/yyyy)

**NOTE: A clear photocopy of the front and back of the identification you presented to the notary is required with this form.**

**5. STATEMENT OF CONSENT NOTARIZATION**

*TO BE COMPLETED BY THE NOTARY*

Name of Notary \_\_\_\_\_  
Print Name (Notary Public)

Location \_\_\_\_\_  
City, State

Commission Expires \_\_\_\_\_  
Date (mm/dd/yyyy)

Identification Presented by Non-Applying Parent or Guardian:  Driver's License  Passport  Military ID  Other (specify) \_\_\_\_\_  
*ID TYPE MUST BE INDICATED*

ID Number: MUST BE LISTED Place of Issue: MUST BE LISTED

Issue Date (mm/dd/yyyy): MUST BE LISTED Expiration Date (mm/dd/yyyy): MUST BE LISTED

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. *MUST BE ATTACHED TO THE CONSENT*

Signature of Notary Notary's signature Date of Notarization 03/30/2017  
Date (mm/dd/yyyy)