

DS-3053 From 2024

Minor's Information

- Full Name: _____
- Date of Birth: _____
- Place of Birth: _____

Parent/Guardian Details

- Name: _____
- Relationship to Minor: _____
- Address: _____
- City, State, ZIP: _____
- Phone Number: _____
- Email Address: _____

Consent for Passport Issuance

I, the undersigned parent/guardian, give my consent for the issuance of a passport for my minor child named above.

Section	Information	Parent/Guardian 1	Parent/Guardian 2
Full Name	_____	_____	<input type="checkbox"/> Agreed
Signature	_____	_____	<input type="checkbox"/> Agreed

Date	_____	_____	<input type="checkbox"/> Agreed
Notarized	_____	_____	<input type="checkbox"/> Agreed

Notary Verification

- **Notary Name:** _____
- **Notary Signature:** _____
- **Date:** _____
- **Commission Expiry:** _____