

# Form DS-3053 Statement of Consent

## Child's Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Place of Birth: \_\_\_\_\_

## Non-Applying Parent/Guardian Information

- Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Statement of Consent

I, the undersigned, do hereby give my consent to the issuance of a passport for my minor child named above.

Details	Information	Notes	Confirmation
Full Name	_____	_____	<input type="checkbox"/> Confirmed
Signature	_____	_____	<input type="checkbox"/> Confirmed

<b>Date</b>	_____	_____	<input type="checkbox"/> <b>Confirmed</b>
<b>Notary Signature</b>	_____	_____	<input type="checkbox"/> <b>Confirmed</b>

**Notary Public**

- **Notary Name:** \_\_\_\_\_
- **Notary Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Commission Expiry:** \_\_\_\_\_