

Letter of Consent

DATE: / /

NOTE: Please specify the date you signed in this consent.

I, _____, consent to my son/daughter
(Parent Full Name)

_____ 's application for the following.
(Child's Japanese Full Name)

- Japanese passport
- Travel Document for return to Japan
- Cancelling his/ her previous passport

Legal Representative Name: _____
(Parent Full Name)

Address: _____

Telephone: _____

Signature: _____

NOTE: Parent signature must match the provided photo ID signature.

***Please submit this consent with a copy of your valid photo ID.**