



CONSOLATO GENERALE D'ITALIA A SAN FRANCISCO
PASSPORT REQUEST FORM FOR MINORS
 (Art. 46 del D.P.R. 28 dicembre 2000, n. 445)

Minor's Information

Full Name:	_____				
	<i>Last name(s)</i>	<i>First Name(s)</i>	<i>Middle Name(s)</i>		
Born in:	_____	on	____/____/____		
	<i>City, State,</i>	<i>Country</i>	<i>DD</i>	<i>MM</i>	<i>YYYY</i>
Height :	_____cm	Eye Color:	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Black
			<input type="checkbox"/> Blue	<input type="checkbox"/> Gray	Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Address :	_____				
City :	_____	State:	_____	ZIP	_____
Email:	_____			Tel: ()	- _____

Attach minor's photo below



Signature of parent / guardian

Parent or Guardian Information and Consent

Mother / Parent / Guardian 1:

Full Name:	_____				
	<i>Last name(s)</i>	<i>First Name(s)</i>	<i>Middle Name(s)</i>		
Born in:	_____	on	____/____/____		
	<i>City, State,</i>	<i>Country</i>	<i>DD</i>	<i>MM</i>	<i>YYYY</i>
Citizenship:	_____				

Father / Parent / Guardian 2:

Full (Maiden) Name:	_____				
	<i>Last name(s)</i>	<i>First Name(s)</i>	<i>Middle Name(s)</i>		
Born in:	_____	on	____/____/____		
	<i>City, State,</i>	<i>Country</i>	<i>DD</i>	<i>MM</i>	<i>YYYY</i>
Citizenship:	_____				

SPAZIO RISERVATO ALL'UFFICIO
SPACE RESERVED FOR OFFICE

Si attesta che la foto di cui sopra corrisponde alle sembianze del richiedente

San Francisco,
Data

Il funzionario incaricato

Timbro

.....

SPAZIO
RISERVATO ALL'UFFICIO

Passaporto n°:.....

Rilasciato il:.....

Con scadenza:.....

Passaporto ritirato il:.....

Firma estesa per ricevuta

We, the undersigned, request the issuance of a passport on behalf of our child, and declare:

- an Italian citizen;
- has no children;
- has not committed any crimes, nor is the subject of any provisions regarding security or preventative measures, civil rulings, or administrative provisions appearing in court records according to current law.

As parents / guardians give consent to the issuance of a passport to the abovementioned minor. We declare under penalty of perjury that the information provided above is true and correct, and are aware of the legal consequences outlined by art. 76 of the D.P.R. 28 December 2000, n. 445 in the event of false or untrue declarations.

Date, ____/____/____
DD MM YYYY

Date, ____/____/____
DD MM YYYY

Signature of Mother/Parent/Guardian 1

Signature of Father/Parent/Guardian 2

Art. 11 of the Legislative decree of 30 June 2003, n. 196, the Code pertaining to the protection of personal information, regulates how the Consulate must handle the personal information on this form.

Notes: