



CONSOLATO GENERALE D'ITALIA A SAN FRANCISCO
REQUEST FOR **EMERGENCY TRAVEL DOCUMENT 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 :	_____ <i>cm</i>	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 or legal guardian

Parent or Guardian Information and Consent

Parent or 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:	_____				

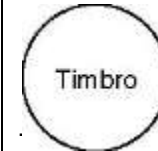
Parent or Guardian 2:

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 OFFICIAL USE

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

San Francisco,
Data



Il funzionario incaricato

SPAZIO
RISERVATO ALL'UFFICIO

E.T.D. n°:.....

Rilasciato il:.....

Con scadenza:.....

E.T.D. ritirato il:.....

Firma estesa per ricevuta

We, the undersigned, request the issuance of an emergency travel document 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, we give consent to the issuance of an emergency travel document 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

Signature of Parent/Guardian

Date, ____/____/____
DD MM YYYY

Signature of Parent/Guardian

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: