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:	_____ *Last name(s)* *First Name(s)* *Middle Name(s)*		
Born in:	_____ *City, State, Country*	**on**	___/___/___ *DD MM YYYY*
Height:	_____*cm* *(whole numbers only)*	**Eye Color:** ☐ Brown ☐ Green ☐ Black ☐ Blue ☐ Gray	**Sex**: ☐ M / ☐ F
Address:			
City :		**State**:	**ZIP**
Email:		**Tel: ( ) -**	
The minor has had previous Italian passports: ☐ Yes ☐ No			

Attach minor's photo below

foto

Signature of parent / guardian

_____

Parent or Guardian Information and Consent

Mother / Parent / Guardian 1:

Full Name:	_____ *Last name(s)* *First Name(s)* *Middle Name(s)*		
Born in:	_____ *City, State, Country*	on	___/___/___ *DD MM YYYY*
Citizenship(s):			

Father / Parent / Guardian 2:

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

We, the undersigned, request the issuance of our child's Italian passport, and declare they:

- are an Italian citizen;
- have no children;
- have not committed any crimes, nor are 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*

Signature of Mother/Parent/Guardian 1

_____

Date, ___/___/_____ *DD MM YYYY*

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:

SPAZIO RISERVATO ALL'UFFICIO
SPACE RESERVED FOR OFFICE

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

San Francisco, ……
Data

Timbro

Il funzionario incaricato

……

SPAZIO
RISERVATO ALL'UFFICIO

Passaporto n°:.....

Rilasciato il:.....

Con scadenza:.....

Passaporto ritirato il:.....

Firma estesa per ricevuta

……