



Consulate-General of The Republic of Ghana

Hamburg, Germany

PARENTAL CONSENT FORM *for* **PASSPORT**

(On behalf of Applicants Under 18 Years of Age)

I / We:

full name(s) of parent(s) / person(s) / organisation giving consent

Address:

street # / street name / city / post code / country

Telephone & Email:

child's full name

Information about the Child/Applicant

Name of Child

full name of accompanying person

Date & Place of Birth:

dd / mm / yyyy /

city / town / province

This Child Has My / Our Consent to Acquire a **Ghanaian Passport**

Name(s):

full name of accompanying person

Relationship to child:

mother, father, grandparent, sister, brother, relative, friend, etc.

Ghanaian Passport
Number, Date
& Place of Issue

number / dd/mm/yyyy / city/town/province / country

Travel Date / To stay
with

dd/mm/yyyy name of person with whom child will be staying/ hotel or other accommodation

NB: Copy(ies) of Parent's ID page of Ghanaian Passport must be attached to this form.

*** I / We the undersigned** hereby give consent for my/our son/daughter to acquire a Ghanaian Passport from the Consulate-General of The Republic of Ghana in Hamburg, Germany. I / We will assume responsibility for his/her comportment before and after the issuance of his/her Ghanaian Passport in and out of Ghana.

Father's Name: _____ Sign: _____ Date: _____

Mother's Name: _____ Sign: _____ Date: _____

*** Please note that parents with sole custodianship of their children should provide a letter to this effect.**