

## **Embassy of the Republic of Ghana**

SEOUL, REPUBLIC OF KOREA

## PARENTAL CONSENT FORM for PASSPORT

(On behalf of Applicants Under 18 Years of Age - Minor)

I / We:					
	full name(s) of parent	(s) / person(s)			
Address:	aturat H. addusa ait				
	street #, address, city	, post code, province			
Telephone & Email:	telephone number	email address			
	,		. I'	V 4 0 - 40 - 4 3	
ır	nformation abou	it the Minor/Ap	plicant (as on E	sirth Certificate)	
Name of Minor:					
	full name as it appear	rs on birth certificate			
Date of Issue & Place of Birth:					
or Birtin.	dd/mm/yyyy	city	/ province		
Th	is Child has my	/ our consent	to acquire a Gh	anaian passport:	
•		, са сопост	o acquire a cir	аналан расороги	
Name(s):	full name of parent(s)				
Relationship to minor:					
	mother, father, grandparent, brother, sister, cousin, relative				
Ghanaian Passport Number, Date & Place of Issue:					
	passport number	date of issue	place of issue		
NB: Please attach copy of passport biodata page of both parents					
the Embassy	of the Republic of GI	hana in Seoul, Sou	th Korea. I / We ass	a Ghanaian passport from ume responsibility for his / sport in and out of Ghana.	
Mother's Name:		Sign	ature:	Date:	
Father's Name:		Sign	ature:	Date:	

<sup>\*</sup> Please note that parents with sole custodianship of their children should provide a letter to this effect.