

DATE: / / /

Letter of Consent

I, _____, consent to my son/daughter
(Parent Full Name)

_____ 's application for the following.
(Child's Full Name)

- Japanese passport

- Travel Document for return to Japan

- Cancelling his/ her previous passport

Legal Representative Name (Parent Full Name):

Address:

Telephone:

Signature (Parent Signature):

*Please submit this consent with a copy of your valid photo ID.