DATE: / / /

Letter of Consent

I,	, consent to my son/daughter
	Parent Full Name)
	' application for the following.
(Child's Full Name)	
	□ Japanese passport
	Travel Document for return to Japan
	□ Cancelling his/ her previous passport
Legal Represe	entative
	Name (Parent Full Name):
	Address:
	Telephone:
	Signature (Parent Signature):

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