



CHILD PASSPORT IDENTITY AND CONSENT FORM

CHILD WELFARE IS OUR PRIORITY

IMPORTANT NOTES FOR WITNESSES

- Guardian must sign in your presence, be personally known to you and **not** be related to you.
- The same witness must verify the identity of the child and the signature of their guardian (sign both relevant boxes).
- You may be contacted to verify the validity of your signature.
- Knowingly or recklessly providing false or misleading information in relation to a passport application is an offence.

VERIFICATION OF IDENTITY (SIGNED BY WITNESS)



I, the witness, declare that:

CILLIAN Ó BHROIN
DOB: 16/05/2014, GENDER: MALE

is known to me, is not related to me and is the child as represented in the image on this form.
 The child is **accompanied** by their guardian.

SIGNATURE OF WITNESS

DATE SIGNED

Note to witness: make sure that AOIBHEANN NÍ BHROIN has signed to give consent below and you have witnessed their signature.

DETAILS OF GUARDIAN

SURNAME: Ní Bhroin
 FORENAME: Aoibheann
 DOB: 05/06/1988
 ADDRESS: 121 Sugarloaf
 Mountain Road
 Co. Cork
 A99 EH99

I, the guardian, AOIBHEANN NÍ BHROIN consent to the issue of a passport book and/or card to CILLIAN Ó BHROIN

SIGNATURE OF GUARDIAN

DATE SIGNED

DETAILS OF WITNESS (PLEASE USE BLOCK CAPITALS)

FULL NAME:
 PROFESSION:
 WORK ADDRESS:

 WORK TEL. No:

I, the witness, declare that AOIBHEANN NÍ BHROIN is known to me and has signed this form in my presence

SIGNATURE OF WITNESS

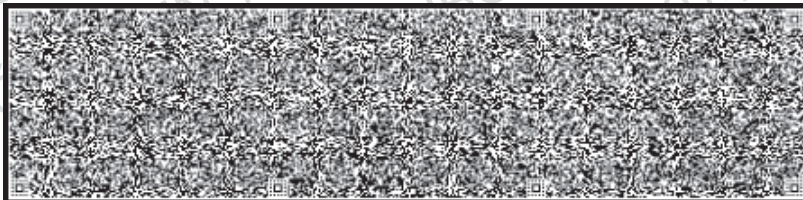
DATE SIGNED

INFORMATION

- Please refer to the email sent from the Passport Service for additional documentary requirements.
- Depending on your guardianship status, either a court order, statutory declaration or a Sole Guardian Affidavit may be applicable in your situation. More information on guardianship consent is available at dfa.ie/passports.
- If required, a Sole Guardian Affidavit can be found at dfa.ie/passports.
- Please make sure that the back of your child's birth certificate is signed and notarised as set out in the affidavit.

APPROVED WITNESSES (MUST BE PRACTICING):

School Principal/Vice Principal, Teacher/Lecturer, School Secretary, Pre-School Manager/Montessori Teacher, Medical Doctor, Dentist, Vet, Nurse, Physiotherapist, Speech Therapist, Pharmacist, Manager/Assistant Manager of Bank/Credit Union, Member of An Garda Síochána/Police Officer, Elected Public Representative, Commissioner for Oaths/Notary Public, Peace Commissioner, Engineer, Lawyer, Accountant, Member of the Clergy.





CONSENT FORM CHECK LIST

HELP US TO HELP YOU

Please use the check list below to avoid delays to your application:

- Each signature box has been signed by the **appropriate guardian or witness** (see picture below).
- The Verification of Identity section has been signed by a **witness** (not a guardian). **The same witness** has signed to confirm the guardian's signature.
- The witness was chosen from the approved list at the **bottom left of the consent form**. During school holidays, it may be difficult to contact principals or teachers. This may delay the application.
- The witness is not **related** to me or my child and is **not retired**.
- The **date of signing** (not date of birth) has been noted beside each signature.
- I have included **all supporting documents** noted in the cover letter or email.
- I **have not** supplied a photocopy of the consent form.
- I have **not** included any documents or passports that were **not requested**.



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VERIFICATION OF IDENTITY (SIGNED BY WITNESS)

I, the witness, declare that:

CILLIAN Ó BHROIN
DOB: 16/05/2014, GENDER: MALE

is known to me, is not related to me and is the child as represented in the image on this form.
The child is **accompanied** by their guardian.

Witness Signature
SIGNATURE OF WITNESS

04052019
DATE SIGNED

Note to witness: make sure that AOIBHEANN NÍ BHROIN has signed consent below and you have witnessed their signature.

DETAILS OF GUARDIAN

SURNAME: Ní Bhroin
FORENAME: Aoibheann
DOB: 05/06/1988
ADDRESS: 121 Sugarloaf
Mountain Road
Co. Cork
A99 EH99

DETAILS OF WITNESS (PLEASE USE BLOCK CAPITALS)

FULL NAME: *Approved Witness*
PROFESSION: *School Principal*
WORK ADDRESS: *1234 River Road*
River Town
Co. Cork
A99 E H99
WORK TEL. No: *00 000 0000*

I, the guardian, AOIBHEANN NÍ BHROIN consent to the issue of a passport book and/or card to **CILLIAN Ó BHROIN**

Guardian Signature
SIGNATURE OF GUARDIAN

04052019
DATE SIGNED

I, the witness, declare that AOIBHEANN NÍ BHROIN is known to me and has signed this form in my presence

Witness Signature
SIGNATURE OF WITNESS

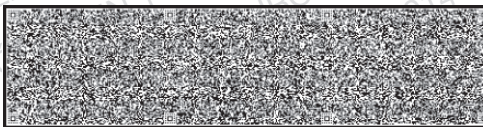
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- If required, a Sole Guardian Affidavit can be found at dfa.ie/passports.
- Please make sure that the back of your child's birth certificate is signed and notarised as set out in the affidavit.

WITNESS MUST BE FROM A PROFESSION LISTED HERE. THE WITNESS MUST NOT BE RETIRED

APPROVED WITNESSES (MUST BE PRACTICING):
School Principal/Vice Principal, Teacher/Lecturer, School Secretary, Pre-School Manager/Montessori Teacher, Medical Doctor, Dentist, Vet. Nurse, Physiotherapist, Speech Therapist, Pharmacist, Manager/Assistant Manager of Bank/Credit Union, Member of An Garda Síochána/Police Officer, Elected Public Representative, Commissioner for Oaths/Notary Public, Peace Commissioner, Chartered Engineer, Lawyer, Accountant, Member of the Clergy.



11/05/18 - 21.50

APPLICATION No.: P162536373

**Please note: failure to complete the consent form correctly will result in delays to your application.
Please refer to our website at www.dfa.ie for further information.**