DATE: / / /

**Letter of Consent**

I, , consent to my son/daughter

(Parent Full Name)

 ’s application for the following.

 (Child’s Full Name)

□ Japanese passport

□ Cancelling his/ her previous passport

□ Travel Document for return to Japan

Legal Representative Name:

 (Parent Full Name)

Address:

Telephone:

Signature:

(Parent Signature)

Attention

1. All underlined parts and ☑ above must be filled in by the legal representative (parent or guardian listed in KOSEKI-TOHON) in person.

2. Please write the date of signature in the date field.

3. Please submit this consent with a copy of your photo ID (passport).