



**PASSPORT APPLICATION FORM
AND CERTIFICATION OF SUBSTITUTE DECLARATION**
(Art. 46 of Presidential Decree December 28, 2000, No. 445)

Addressed to: CONSULATE GENERAL OF ITALY JOHANNESBURG

Minor's details

Name and Surname:.....

Born in:.....(City).....(Country)

Height:.....(cm).....(eye color)

Residential address.....

City.....

Details Of Applicant(S) / Consent Declaration

The undersigned: (full name and surname).....

Born in:(city)..... (country) on dd/mm/yyyy

Citizenship:.....

The undersigned: (full name and surname).....

Born in:(city)..... (country) on dd/mm/yyyy

Citizenship:.....

Request, in the name of the above-mentioned minor, the issuance of a passport and declare that the minor:

- is an Italian citizen;
- has no children;
- has not been convicted and is not subject to legal or administrative measures under current legislation.

They also give their consent, as parent(s)/guardian(s) exercising parental responsibility, for the issuance of the passport to the above-mentioned minor.

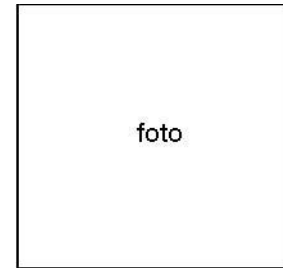
They declare, under their own responsibility, that the above statements are true and that they are aware of the criminal consequences provided for in the case of false declarations (Art. 76 of Presidential Decree December 28, 2000, No. 445).

Date:
Father's Signature:

Date:
Mother's Signature:

Personal data will be processed in accordance with Legislative Decree No. 196/2003.

FOR OFFICE USE ONLY



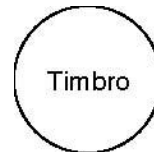
foto

Signature of parent / guardian

.....

This certifies the photo matches the applicant.

Drummond, date:.....



Official in charge

.....

FOR OFFICE USE ONLY

Passport no.:.....

Issued on:.....

Expires on:.....

Collected on:

Signature for receipt

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