



**Malta Passport Office**  
PARENT'S CONSENT FORM

**THIS FORM MUST BE COMPLETELY FILLED IN AND SIGNED BY THE PARENTS, IN THE PRESENCE OF THE WITNESS WHO SHOULD BE FULLY AWARE OF THE PARENTS' IDENTITY.**

I/We, (names) \_\_\_\_\_ / \_\_\_\_\_

the father and mother of (name/s of child/ren) \_\_\_\_\_

hereby give my/our consent for him/her/them:

(i)\* to hold a passport, which passport may be collected from the Passport Office by either one of us; \_\_\_\_\_

(ii)\* to travel on Collective Passport issued to \_\_\_\_\_

Signature of first parent \_\_\_\_\_ I.D Card no. \_\_\_\_\_

Signature of second parent \_\_\_\_\_ I.D. Card no. \_\_\_\_\_

Witness to Signature/s \_\_\_\_\_

Name in BLOCK LETTERS \_\_\_\_\_

Profession \_\_\_\_\_

I.D. Card no. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date \_\_\_\_\_

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\* Delete where applicable