

GUARDIAN'S CERTIFICATE

VÅRDNADSHAVARINTYG

I/we, the undersigned give permission for my/our child who is not yet 18 years of age to have his/her own passport.

(Child's name)	(Personal ID number)
(Address)	

Guardian 1
(Signature)
(Date)
(Name)
(D o b)
(Address)
(City & Post Code)
(Daytime telephone number)

Guardian 2
(Signature)
(Date)
(Name)
(D o b)
(Address)
(City & Post Code)
(Daytime telephone number)

Witness 1 I confirm the true signature above
(Signature)
(Date)
(Name)
(Address)
(City & Post Code)
(Daytime telephone)

Witness 2 I confirm the true signature above
(Signature)
(Date)
(Name)
(Address)
(City & Post Code)
(Daytime telephone number)