



CONSULATE GENERAL  
OF SWEDEN

# 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.

Written consent of both parents is required, unless legal custody has been granted to one parent or to another person.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Personal ID number

\_\_\_\_\_  
Address

### LEGAL GUARDIAN

### LEGAL GUARDIAN

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state and zip code

\_\_\_\_\_  
City, state and zip code

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### WITNESS

### WITNESS

I confirm the above signature.

I confirm the above signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Telephone number