

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)	

Father		Mother	
(Signature)	(Date)	(Signature)	(Date)
(Name)	(D.o.b)	(Name)	(D.o.b)
(Street)		(Street)	
(City and Post Code)		(City and Post Code)	
(Daytime telephone number)		(Daytime telephone number)	

Witness 1
I confirm the true signature above
(Signature, name and address)

Witness 1
I confirm the true signature above
(Signature, name and address)

Witness 2
I confirm the true signature above
(Signature, name and address)

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I confirm the true signature above
(Signature, name and address)
