



Embassy of The Republic of Ghana – Copenhagen

## PARENTAL CONSENT FORM

### **For VISAS**

(On behalf of Applicants Under 18 Years of Age)

I / We:

\_\_\_\_\_ *full name(s) of parent(s) / person(s) / organisation giving consent*

Address:

\_\_\_\_\_ *street name / street number / post code / city / country*

Telephone & Email:

\_\_\_\_\_ *telephone*

\_\_\_\_\_ *email*

### Information about the Child/Applicant

Name of Child:

\_\_\_\_\_ *child's full name*

Date & Place of Birth:

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *city / Town / province*

### This Child Has My / Our Consent to Travel with:

Name(s):

\_\_\_\_\_ *full name of accompanying person*

Relationship to child:

\_\_\_\_\_ *mother, father, grandparent, sister, brother, relative, friend, etc.*

Passport Number, Date & Place of issue:

\_\_\_\_\_ *number / dd/mm/yyyy / city/town/province / country*

Travel Date / To stay with:

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *name of person with whom child will be staying/ hotel or other accommodation*

At the address:

\_\_\_\_\_ *street name / street number / post code / city / country*

**\* I / We the undersigned hereby give consent for my/our son/daughter to acquire a Visa from the Embassy of the Republic of Ghana in Copenhagen. I / We will assume responsibility for his/her comportment before and after the issuance of his/her Visa in and out of Ghana.**

**Father's Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\* Please note that parents with sole custodianship of their children should provide a letter to this effect.**