

Date: _____

Letter of Consent

To the Consulate General of Japan in Chicago,

Name of Parent (or Legal Guardian): _____
(Print)

Signature of Parent (or Legal Guardian): _____

Address: _____

Phone Number: _____

I hereby consent to the application for the:

one or more)

Report of Lost/Theft of the Japanese Passport

Japanese Passport

Travel Document (Tokosho)

for my son / daughter , _____,
(circle one) (full Japanese name)