Embassy/ Consulate General in

(Telephone Number Daytime)

CONSENT OF CUSTODIAN

(Passport for child under 18 years)

Signing custodian(s) hereby approves that a passport can be issued for: (Full name of the minor) (Swedish Personal Identity Number) (Postal Address, Post Number, City) Signature of the custodian(s). In the case of shared custody the following should be signed by **both** custodians (Signature) (Signature) (Printed Name) (Printed Name) (Swedish Personal Identity Number) (Swedish Personal Identity Number) (Postal Address) (Postal Address) (Post Number and City) (Post Number and City) (Telephone Number Daytime) (Telephone Number Daytime) The signature above is witnessed by The signature above is witnessed by (Signature) (Signature) (Printed Name) (Printed Name) (Postal Address) (Postal Address) (Post Number and City) (Post Number and City)

(Telephone Number Daytime)