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REPUBLIC OF KENYA

DEPARTMENT OF IMMIGRATION SERVICES

PARENTAL CONSENT

I, ..... OF TEL. ....

ADDRESS .....

HOLDER OF ID/PPT NO .....

BEING THE PARENT/ LEGAL GUARDIAN TO:

1) ..... D.O.B. \_\_/\_\_/----

2) ..... D.O.B. \_\_/\_\_/----

3) ..... D.O.B. \_\_/\_\_/----

4) ..... D.O.B. \_\_/\_\_/----

5) ..... D.O.B. \_\_/\_\_/----

DO HEREBY VOLUNTARILY GIVE CONSENT TO THE DEPARTMENT OF IMMIGRATION SERVICES TO ISSUE (A) KENYAN PASSPORT(S) TO THE ABOVE MINOR(S)

SIGN ..... DATE .....