



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.**