Embassy of Italy
Tbilisi

PARENTAL CONSENT FOR MINOR CHILDREN

I/We the undersigned,

FATHER		**MOTHER**	
Name		Name	
Last Name		Last Name	
Date of Birth (dd/mm/yyyy)		Date of Birth (dd/mm/yyyy)	
Passport number		Passport number	
Relationship to the minor		Relationship to the minor	

parent/s of the child listed below, grant permission to the Embassy of Italy in Tbilisi to accept the visa request and to issue my/our child a visa for the purpose of _____.

From _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy).

Name of child _____ Last name_____

Date of birth (dd/mm/yyyy) _____ Passport number_____

Legal Guardian

Mr./Ms. Name _____ Last name_____

Date of birth (dd/mm/yyyy) _____ Passport number_____

will be the legal guardian of my/our child during his/her travel in the Schengen Area.

Attached is copy of ID.

The undersigned declares that he/she has read the privacy statement concerning the issuance of visas, in accordance with the General Data Protection Regulation (EU) 2016/679.

FATHER
Signature of father

_____

Print Name

_____

Date _____(dd/mm/yyyy)

MOTHER
Signature of mother

_____

Print Name

_____

Date _____(dd/mm/yyyy)

Signatures must be notarized