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REPUBLIC OF KENYA  
DEPARTMENT OF IMMIGRATION SERVICES  
PARENTAL CONSENT

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

P.O.BOX..... ID/PPT NO.....

BEING THE PARENT/ LEGAL GURDIAN 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 KENYAN PASSPORT(S) TO THE ABOVE  
MINOR(S)

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