



PARENTAL CONSENT FOR MINORS (National Visa)

I/We the undersigned,

| FATHER | | MOTHER | |
|----------------------------|--|----------------------------|--|
| First and middle name | | First and middle name | |
| Last name | | Last name (maiden/married) | |
| Date of birth (dd/mm/yyyy) | | Date of birth (dd/mm/yyyy) | |
| Passport number | | Passport number | |
| Relationship to the minor | | Relationship to the minor | |

grant permission to the Consulate General of Italy in Los Angeles to accept the visa request and to issue an Italian National Visa for _____ to my/our child, listed below, from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy).

Name of child _____ Last name _____

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

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 stay in Italy.

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

MOTHER

Signature of father

Signature of mother

Print Name

Print Name

Date _____

Date _____

Signatures must be notarized