

AUTHORIZATION NOTE: Please complete in BLUE INK!!!

I, _____ and _____ authorize Washington Passport and Visa Service to submit and receive upon completion, my passport request.

My Date of Birth is: mm_____/dd_____/yr_____. Or Child's Name: _____

Child's Date of Birth: mm_____/dd_____/yr_____

My Date of Departure from the US is: _____.

SIGNATURE: _____ and _____

***Attention: The above "Authorization" Note MUST be completed by ALL applicants!
This authorization note allows our staff to pick up the completed since the Client is NOT here in person.**