



Embassy of The Republic of Ghana –Oslo

PARENTAL CONSENT FORM FOR VISA

(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 Acquire a **Visa to Ghana**

Name(s) of Parent(s):

_____ *full name of accompanying person*

Passport Number, Date, &
Place of issue:

_____ *number*

_____ *dd/mm/yyyy*

_____ *city/town/province*

_____ *country*

NB:

Copy(ies) of Parent's ID page of
Passport must be attached to this
form.

*** I / We the undersigned** hereby give consent for my/our son/daughter to acquire a visa to Ghana from the Embassy of the Republic of Ghana in Oslo. I / We will assume responsibility for his/her comportment before and after the issuance of his/her visa both within and outside 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.**