

**WRITTEN CONSENT FOR CHILD UNDER 18 YEARS
TRAVELING WITH ONLY ONE PARENT OR WITHOUT EITHER PARENT**

渡航同意書（18歳未満の子供）片方の親または両方の親が同行しない渡航

TO WHOM IT MAY CONCERN : I(WE) AUTHORIZE THE MINOR

NAME YAMADA TARO (渡航者名) PASSPORT NO. MK1234567 (パスポート番号)
DATE OF BIRTH (生年月日) 2007 / 02 / 26
TRAVEL TO (渡航先都市名) Dublin FROM (入国日) 2021 / 09 / 23 TO (出国日) 2021 / 10 / 05
Purpose of His / Her Trip is (渡航目的) sightseeing

※以下3項目のうち、いずれか1つに✓し記入してください

ACCOMPANIED BY THE FOLLOWING PERSON(S); →両親以外の同行者の場合

Name (同行者の名前) TANAKA HANAKO (Relation (渡航者との関係) aunt)
Address (同行者の住所) Japan,TOKYO Setagayaku Sangenjaya1-1-1
DATE OF BIRTH (同行者の生年月日) 1978 / 08 / 04 TEL (同行者の電話番号) +819-1234-5678
PASSPORT NO. (同行者のパスポート番号) TM1234567

UNDER THE RESPONSIBILITY OF (同行する親の名前) YAMADA HIROSHI →片方の親が同行する場合

ACCOMPANIED PARENT'S DATE OF BIRTH (同行する親の生年月日) 1972 / 12 / 05
PASSPORT NO. (同行する親のパスポート番号) TU1234567

REFERENCE(ex : HOTEL) →同行者がいない場合：滞在先を記入してください

Name (滞在先名) Clontarf Castle Hotel (Relation HOTEL / OTHERS ホテル以外の場合は施設名称を記入)
Address (滞在先の住所) Castle Ave, Clontarf East, Dublin 3, D03 W5N0 Ireland
TEL (滞在先の電話番号) +353 1 833 2321

※以下項目は片方の親が同行する場合は同行しない親が、それ以外の場合は両親が記入してください

FATHER(PRINT NAME) <u>YAMADA HIROSHI (同行しない父親の名前)</u> CONTACT INFORMATION (PHONE NUMBER,etc.) <u>+819-1234-5678 (父親の連絡先)</u> SIGNATURE <u>YAMADA HIROSHI (父親のサイン)</u> DATE <u>2021 / 07 / 10 (サインした日付)</u>	MOTHER(PRINT NAME) <u>YAMADA SACHIKO (同行しない母親の名前)</u> CONTACT INFORMATION (PHONE NUMBER,etc.) <u>+819-8765-4321 (母親の連絡先)</u> SIGNATURE <u>YAMADA SACHIKO (母親のサイン)</u> DATE <u>2021 / 07 / 10 (サインした日付)</u>
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WE SOLEMNLY SWEAR THAT HE / SHE SHALL COMPLY WITH THE LAWS AND REGULATIONS OF YOUR COUNTRY,
FEDERAL AND LOCAL,NEVER BE A BURDEN,ECONOMIC OR OTHERWISE,TO YOUR COUNTRY AND DEPART COUNTRY
WITHIN THE REASONABLE TIME NEEDED FOR TRANSFERS TO AND FROM JAPAN.

WE WOULD APPRECIATE IT VERY MUCH IF YOU WOULD TAKE THE NECESSARY ACTION TO GRANT HIS/ HER
THE ENTRY PERMIT TO YOUR COUNTRY AT YOUR EARLIEST POSSIBLE CONVENIENCE.

THANK YOU FOR YOUR COOPERATION.