



الجمهورية الجزائرية الديمقراطية الشعبية
People's Democratic Republic of Algeria

Ministry of Foreign Affairs

وزارة الشؤون الخارجية

Embassy of Algeria in Washington, D.C

سفارة الجزائر بواشنطن

Passport Issuance Paternal Authorization

I, the undersigned: _____

Born on: _____ At: _____

Address: _____

Acting as:

-Father

-Mother

-Legal Guardian

Hereby authorize my child, children (listed below) to get individual passport (s).

- 1- _____ Born on: _____ at: _____
- 2- _____ Born on: _____ at: _____
- 3- _____ Born on: _____ at: _____
- 4- _____ Born on: _____ at: _____
- 5- _____ Born on: _____ at: _____

Washington, D.C

Date:

Applicant/ Guardian Signature: