



EMBASSY OF INDIA

Campo de Milho

São Tome, São Tome & Principe

Phones: +239 9979788; +239 2221184/89

Email: admn.saotome@mea.gov.in; hoc.saotome@mea.gov.in

AFFIDAVIT TO BE GIVEN BY PARENTS OF A MINOR CHILD

(When applying for passport at Embassy of India, Sao Tome)

We (1) name of father _____ & name of mother _____

(2) _____ solemnly declare and affirm as follows:

That we are the mother and father of (name of child).....

..... who is born on (date) _____ is a minor child and on

whose behalf we have made an application for his/her passport to Embassy of India, Luanda.

We also affirm that in the case of a court case arising due to issue of passport to the minor child (name).....we would be solely responsible for defending the case and not the passport issuing authority.

Date:

Place

Signature

Signature

Name of father

Name of mother

Witness (1)name and signature

Witness (2) name signature