



Passport Office, Italian Consulate General in Montreal (tel. +1 514 849-8351 ext. 256)  
**MINOR PASSPORT APPLICATION (LESS THAN 18 YEARS OLD)**

Consolato Generale d'Italia  
 Montreal

This personal declaration, given in accordance with articles 46 and 47 of D.P.R. n. 445/2000, does not require signature authentication.

The duly-filled form will have to be sent to [montreal.passaporti@esteri.it](mailto:montreal.passaporti@esteri.it) immediately after booking the appointment, and the original copy will have to be submitted in person to the Consulate General of Italy in Montreal, 3489 Drummond (Corner with Dr. Penfield - Green line Peel stop – Bus 144) on the day of the appointment

**Address**  
 3489 Drummond, Montreal, QC - H3G 1X6 - CANADA

**Email** (Max size of the attachment 5MB)  
[montreal.passaporti@esteri.it](mailto:montreal.passaporti@esteri.it)

**a. MINOR**

The Italian citizen:

1. \_\_\_\_\_  
 Given name/s

2. \_\_\_\_\_  
 Last name

3. \_\_\_\_\_  
 Place of birth (city, province/territory/state, country)

4. \_\_\_\_\_   Height \_\_\_\_\_  
 Date of birth (dd/mm/yyyy) F M cm

4.1. Eye colour        
 Blue Brown Grey Black Green

5. Address \_\_\_\_\_  
 Number, street Apartment

\_\_\_\_\_ Postal code  
 City, province/territory/state, country

6. Phone \_\_\_\_\_     
 Daytime phone number Cell Home Work

7. Italian municipality of residence/reference \_\_\_\_\_ Email \_\_\_\_\_  
 Prov. \_\_\_\_\_  
If resident outside of Italy, provide AIRE municipality

8. Other citizenship/s  Y  N If yes, which \_\_\_\_\_

9. Previous Italian passport  Y  N If yes, attach copy (pag. with photo, signature, issue/renewal office)

**b. 2 PHOTOS (max 6 months)**

For applications sent to  
 Montreal:  
 5 x 7 cm

For applications sent to  
 Halifax:  
 4 x 3.5 cm

**c. PARENTS' CONSENT (art. 3 L. 1185/1967)**

10. The undersigned consents to the issuing of a passport to her/his minor child.

10.1 **Mother** (European Union citizen  Y  N)

10.2. **Father** (European Union citizen  Y  N)

\_\_\_\_\_ Given name/s

\_\_\_\_\_ Last name

\_\_\_\_\_ Place of birth (city, province/territory/state...  
 ...country) \_\_\_\_\_ Date of birth (dd/mm/yyyy)

\_\_\_\_\_ Given name/s

\_\_\_\_\_ Last name

\_\_\_\_\_ Place of birth (city, province/territory/state...  
 ...country) \_\_\_\_\_ Date of birth (dd/mm/yyyy)

I, the undersigned, fully aware that untruthful statements, forgery and use of false documents, will be prosecuted by law as per article 76 D.P.R. n. 445/2000, hereby declare that the above information is accurate and true. I hereby also declare to be fully aware that the personal data collected will be used, including in its digital form, exclusively for the purpose for which this application is submitted, in accordance with D.Lgs n. 196/2003. I, the undersigned, authorize the processing of personal data present in the form pursuant to the General Data Protection Regulation (EU) 2016/679

→ \_\_\_\_\_  
 Signature\*

\_\_\_\_\_ dd/mm/yyyy  
 Place and date

→ \_\_\_\_\_  
 Signature\*

\_\_\_\_\_ dd/mm/yyyy  
 Place and date

**(\*) non-EU citizens must undergo signature's authentication**

CGIM-M003 PAS EN (R02)  
 Disponibile anche in italiano (CGIM-M003 PAS IT)  
 Aussi disponible en français (CGIM-M003 PAS FR)