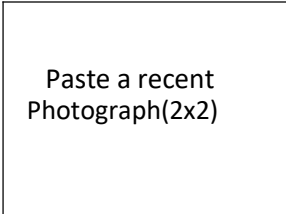


**Consulate General of India**

4300 Scotland Street, Houston, TX 77007

Tel: 713-626-2148 Fax:713-626-2450



Form MS-18

Fee: \$10

ICWF: \$2

**APPLICATION FOR SWORN AFFIDAVIT FOR ISSUE OF CHILD'S PASSPORT**

	<i>First</i>	<i>Middle</i>	<i>Last</i>
1. Applicant's Name	<input type="text"/>		
2. Date of Birth	<input type="text"/> (DD/MM/YYYY)		
3. Place and Country of birth	<input type="text"/>		
4. Father's name & Nationality	<input type="text"/>		
5. Mother's name & Nationality	<input type="text"/>		
6. Spouse name	<input type="text"/>		
7. Spouse current & former Nationality	<input type="text"/>		
8. Permanent Address in India	<input type="text"/>		
9. US Address	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Profession & Business Address	<input type="text"/>		
11. Mobile Number	<input type="text"/>		
12. Email ID	<input type="text"/>		
13. Passport Number	<input type="text"/>		
14. Place and Date of Issue	<input type="text"/>	<input type="text"/> (DD/MM/YYYY)	
15. Date of Expiry	<input type="text"/>	<input type="text"/> (DD/MM/YYYY)	

I solemnly affirm that: (i) I owe allegiance to the sovereignty and integrity of India; (ii) The information given above is correct and nothing has been concealed and I am aware that it is an offence under Passport Act 1967 to knowingly furnish false information or suppress material information; (iii) I have not lost, surrendered or been deprived of my Indian citizenship; (iv) I have not voluntarily acquired citizenship of any other country and I have no other passport or travel document in my possession.

Place :

Date:

Signature: