Master Visa Service
Your Visa & Passport & Headquarters
1-800-516-2778 / Fax (630) 529 0908
E-mail: info@mastervisaservice.com

130 East Randolph St. # CL-2B
Chicago, IL 60601

LETTER OF AUTHORIZATION FOR MINOR AGE15 & UNDER

Date_____/_____/_____

I/We,_____ _____ authorize Master Visa Service to submit my **child's** passport application and pick up on my/our behalf at the Chicago Passport Agency.

My/our child's name_____

Child's Date of Birth_____/_____/_____

Place of Birth_____

Also, I/We, authorize the Master Visa Service representative to discuss with the U.S. Department of State/Chicago Passport Agency any concerns that may arise with my Child's passport application request.

Travel Date_____/_____/_____

Need Travel Visa? Yes____ No____

_____ _____

Parents Signature ___Mother___Father or Legal Guardians