



Department of Foreign Affairs and Trade

APPLICATION COVER PAGE



This cover page must be submitted with your documents.

Please print one sided in black and white.



APPLICATION ID: **20026626239**

If submitting multiple applications, please enter each application number in this box

Dear **Samantha Barichiev**

Thank you for using our online service to submit a passport application for **Osríc Felix Thompson**. We will only start to process your application when we receive the documents listed below.

Additional documents are required to verify your child's citizenship. Further information relating to these documents can be found on the next page.

- **Cover page**
- **Child Passport Identity and Consent Form (FORM ONLY)**
- **Child's birth certificate**
- **Documents to verify citizenship**

Unless stated otherwise, **original documents** must be supplied. Please **do not** submit photocopies, short-form birth certificates, or laminated certificates. Certified translations are required if documents are not in the English or Irish language.

Please note: if you are renewing an Irish passport, the previous one will be cancelled once you have received the new passport.

We advise that you use registered post when submitting the documents. Please post the documents to the address below:

Online Passport First Time Applications
PO Box 12986,
Balbriggan,
Co. Dublin
K32 AE72

Please note: each envelope must only contain the documents for one application. Please also write your application ID (20026626239) on the front of the envelope containing your supporting documents.

Once your documents are received, you can track the progress of your application using our passport tracker at: passporttracking.dfa.ie

Regards,
The Passport Service



Department of Foreign Affairs and Trade

FIRST PASSPORT DOCUMENTS

You must submit documents to support your child's application. These documents are listed on your cover page and further documentary requirements are outlined below. Please only submit the documents relevant to your child's category. Please tick the boxes beside the relevant documents.

BORN ON THE ISLAND OF IRELAND BEFORE 01/01/2005

Born on the island of Ireland	
Only documents listed on cover page	

BORN ON THE ISLAND OF IRELAND ON OR AFTER 01/01/2005

Born on the island of Ireland to Irish parents	
Parent's current Irish passport or Irish-born parent's original Irish birth certificate	

Born on the island of Ireland to British parents	
Parent's current British passport (must be British citizen); OR	
Naturalisation Certificate	

Born on the island of Ireland to EU/EEA/Swiss parents	
Parent's current passport or current National ID Card; AND	
Parent's proof of residency in Ireland for the required residency period (for further details please see www.dfa.ie/passport); AND	
Declaration Form A (available on www.dfa.ie/passports/forms-documents) – cannot be completed by a member of An Garda Síochána	

Born in Ireland to Non EU/EEA/Swiss parents	
Parent's passport(s) with permission stamps to reside in Ireland for the required residency period (For further details please see http://www.inis.gov.ie/en/INIS/Pages/registration-stamps); AND	
The parent's GNIB card, or Irish Residency Permit (IRP); AND	
Summary statement of parent's "permission to remain stamps" in the passport, signed by that parent	

Born in Northern Ireland to Non EU/EEA/Swiss parents	
Citizenship Certificate – issued by Department of Justice and Equality	

BORN OUTSIDE IRELAND

Born abroad to an Irish-born parent	
Irish-born parent's original civil birth certificate or current Irish passport; AND	
Parent's civil marriage certificate (where applicable)	

Foreign Birth Registration	
Foreign Birth Registration Certificate	

Naturalisation	
Naturalisation Certificate	

Born abroad and adopted in compliance with Irish law	
If adopted before 1 November 2010, an adoption certificate by the adoption authority in the country where the adoption was effected - OR , if adopted on or after 1 November 2010, an Intercountry Adoption Certificate issued by the Adoption Authority of Ireland; AND	
Parent's current Irish passport	

IMPORTANT NOTE: We will only start to process your application after we have received the documents listed above **AND** on your cover page.



CHILD PASSPORT IDENTITY AND CONSENT FORM

CHILD WELFARE IS OUR PRIORITY

IMPORTANT NOTES FOR WITNESSES

- Guardian must sign in your presence, be personally known to you and **not** be related to you.
- The same witness must verify the identity of the child and the signature of Guardian A (sign both relevant boxes).
- You may be contacted to verify the validity of your signature.
- Knowingly or recklessly providing false or misleading information in relation to a passport application is an offence.



VERIFICATION OF IDENTITY (SIGNED BY WITNESS)

I, the witness, declare that:

OSRIC FELIX THOMPSON

DOB: 25/05/2019 GENDER: MALE

is known to me, is not related to me and is the child as represented in the image on this form.
The child is **accompanied** by Guardian A.

X

SIGNATURE OF WITNESS

DATE SIGNED

Note to witness: make sure Guardian A, **SAMANTHA BARICHIEVY** has signed to give consent below and you have witnessed their signature.

DETAILS OF GUARDIAN A

SURNAME: Barichiev
FORENAME: Samantha
DOB: 11/09/1980
ADDRESS: Gunnars Väg 11
Göteborg
43895 Sweden

I, the guardian, **SAMANTHA BARICHIEVY**
consent to the issue of a passport book and/or card to
OSRIC FELIX THOMPSON

X

SIGNATURE OF GUARDIAN

DATE SIGNED

DETAILS OF WITNESS (PLEASE USE BLOCK CAPITALS)

FULL NAME:
PROFESSION:
WORK ADDRESS:

WORK TEL. No:

I, the witness, declare that **SAMANTHA BARICHIEVY**...
is known to me and has signed this form in my presence

X

SIGNATURE OF WITNESS

DATE SIGNED

If the same person witnesses both guardian signatures, they must sign each section separately. Alternatively a different witness can be used for Guardian B. Receiver name on envelope for passport book and/or card will be Guardian A's name.

DETAILS OF GUARDIAN B

SURNAME: Thompson
FORENAME: Liam Jed
DOB: 22/12/1980
ADDRESS: Gunnars Väg 11
Göteborg
43895 Sweden

I, the guardian, **LIAM JED THOMPSON**
consent to the issue of a passport book and/or card to
OSRIC FELIX THOMPSON

X

SIGNATURE OF GUARDIAN

DATE SIGNED

DETAILS OF WITNESS (PLEASE USE BLOCK CAPITALS)

FULL NAME:
PROFESSION:
WORK ADDRESS:

WORK TEL. No:

I, the witness, declare that **LIAM JED THOMPSON**
is known to me and has signed this form in my presence

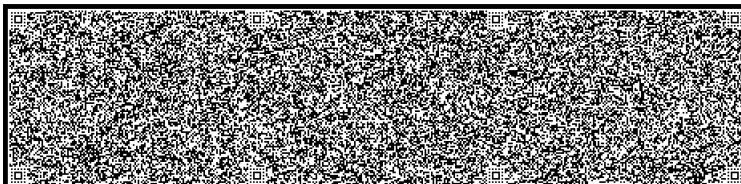
X

SIGNATURE OF WITNESS

DATE SIGNED

APPROVED WITNESSES (MUST BE PRACTICING):

School Principal/Vice Principal, Teacher/Lecturer, School Secretary, Pre-School Manager/Montessori Teacher, Medical Doctor, Dentist, Vet, Nurse, Physiotherapist, Speech Therapist, Pharmacist, Manager/Assistant Manager of Bank/Credit Union, Member of An Garda Síochána/Police Officer, Elected Public Representative, Commissioner for Oaths/Notary Public, Peace Commissioner, Engineer, Lawyer, Accountant, Member of the Clergy.





CONSENT FORM CHECK LIST

HELP US TO HELP YOU

Please use the check list below to avoid delays to your application:

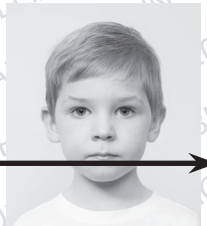
- ☐ Each signature box has been signed by the **appropriate guardian or witness** (see picture below).
- ☐ The Verification of Identity section has been signed by a **witness** (not a guardian). **The same witness** has signed to confirm Guardian A's signature.
- ☐ The witness was chosen from the approved list at the **bottom left of the consent form**. During school holidays, it may be difficult to contact principals or teachers. This may delay the application.
- ☐ The witness is **not related** to me or my child and is **not retired**.
- ☐ The **date of signing** (not date of birth) has been noted beside each signature.
- ☐ I have included **all supporting documents** noted in the cover letter or email.
- ☐ I **have not** supplied a photocopy of the consent form.
- ☐ Any documents are dated within the correct time frame.



CHILD PASSPORT IDENTITY AND CONSENT FORM CHILD WELFARE IS OUR PRIORITY

IMPORTANT NOTES FOR WITNESSES

- Guardian must sign in your presence, be personally known to you and **not** be related to you.
- The same witness must verify the identity of the child and the signature of Guardian A (sign both relevant boxes).
- You may be contacted to verify the validity of your signature.
- Knowingly or recklessly providing false or misleading information in relation to a passport application is an offence.

VERIFICATION OF IDENTITY (SIGNED BY WITNESS)			
	<p>I, the witness, declare that: CILLIAN Ó BHROIN DOB: 16/05/2014, GENDER: MALE is known to me, is not related to me and is the child as represented in the image on this form. The child is accompanied by Guardian A.</p> <table border="1"><tr><td><input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS</td><td><i>04052019</i> DATE SIGNED</td></tr></table> <p>Note to witness: make sure Guardian A, AOIBHEANN NÍ BHROIN has signed to give consent below and you have witnessed their signature.</p>	<input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS	<i>04052019</i> DATE SIGNED
<input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS	<i>04052019</i> DATE SIGNED		

WITNESS FOR
GUARDIAN A SIGNS
HERE

DATE OF
SIGNING
HERE

DETAILS OF GUARDIAN A	DETAILS OF WITNESS (PLEASE USE BLOCK CAPITALS)				
SURNAME: Ní Bhroin FORENAME: Aoibheann DOB: 05/06/1988 ADDRESS: 121 Sugarloaf Mountain Road Co. Cork A99 EH99	FULL NAME: <i>Approved Witness</i> PROFESSION: <i>School Principal</i> WORK ADDRESS: <i>1234 River Road</i> <i>River Town</i> <i>Co. Cork</i> <i>A99 EH99</i> WORK TEL. No: <i>00 000 0000</i>				
<p>I, the guardian, AOIBHEANN NÍ BHROIN consent to the issue of a passport book and/or card to CILLIAN Ó BHROIN</p> <table border="1"><tr><td><input checked="" type="checkbox"/> <i>Guardian Signature</i> SIGNATURE OF GUARDIAN</td><td><i>04052019</i> DATE SIGNED</td></tr></table>	<input checked="" type="checkbox"/> <i>Guardian Signature</i> SIGNATURE OF GUARDIAN	<i>04052019</i> DATE SIGNED	<p>I, the witness, declare that AOIBHEANN NÍ BHROIN is known to me and has signed this form in my presence</p> <table border="1"><tr><td><input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS</td><td><i>04052019</i> DATE SIGNED</td></tr></table>	<input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS	<i>04052019</i> DATE SIGNED
<input checked="" type="checkbox"/> <i>Guardian Signature</i> SIGNATURE OF GUARDIAN	<i>04052019</i> DATE SIGNED				
<input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS	<i>04052019</i> DATE SIGNED				

GUARDIAN A
SIGNS HERE

WITNESS FOR
GUARDIAN A SIGNS
HERE

If the same person witnesses both guardian signatures, they must sign each section separately. Alternatively a different witness can be used for Guardian B. Receiver name on envelope for passport book and/or card will be Guardian A's name.

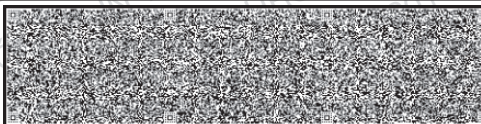
DETAILS OF GUARDIAN B	DETAILS OF WITNESS (PLEASE USE BLOCK CAPITALS)				
SURNAME: Ó Bhroin FORENAME: Fiachra DOB: 21/11/1986 ADDRESS: 121 Sugarloaf Mountain Road Co. Cork A99 EH99	FULL NAME: <i>Approved Witness</i> PROFESSION: <i>School Principal</i> WORK ADDRESS: <i>1234 River Road</i> <i>River Town</i> <i>Co. Cork</i> <i>A99 EH99</i> WORK TEL. No: <i>00 000 0000</i>				
<p>I, the guardian, FIACHRA Ó BHROIN consent to the issue of a passport book and/or card to CILLIAN Ó BHROIN</p> <table border="1"><tr><td><input checked="" type="checkbox"/> <i>Guardian Signature</i> SIGNATURE OF GUARDIAN</td><td><i>04052019</i> DATE SIGNED</td></tr></table>	<input checked="" type="checkbox"/> <i>Guardian Signature</i> SIGNATURE OF GUARDIAN	<i>04052019</i> DATE SIGNED	<p>I, the witness, declare that FIACHRA Ó BHROIN is known to me and has signed this form in my presence</p> <table border="1"><tr><td><input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS</td><td><i>04052019</i> DATE SIGNED</td></tr></table>	<input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS	<i>04052019</i> DATE SIGNED
<input checked="" type="checkbox"/> <i>Guardian Signature</i> SIGNATURE OF GUARDIAN	<i>04052019</i> DATE SIGNED				
<input checked="" type="checkbox"/> <i>Witness Signature</i> SIGNATURE OF WITNESS	<i>04052019</i> DATE SIGNED				

GUARDIAN B
SIGNS HERE

WITNESS FOR
GUARDIAN B
SIGNS HERE

WITNESS MUST BE
FROM A PROFESSION
LISTED HERE. THE
WITNESS MUST NOT
BE RETIRED

APPROVED WITNESSES (MUST BE PRACTICING):
School Principal/Vice Principal, Teacher/Lecturer, School Secretary, Pre-School Manager/Montessori Teacher, Medical Doctor, Dentist, Vet, Nurse, Physiotherapist, Speech Therapist, Pharmacist, Manager/Assistant Manager of Bank/Credit Union, Member of An Garda Síochána/Police Officer, Elected Public Representative, Commissioner for Oaths/Notary Public, Peace Commissioner, Engineer, Lawyer, Accountant, Member of the Clergy.



11/05/18 - 21.50

APPLICATION No.: P162536373

Please note: failure to complete the consent form correctly will result in delays to your application.

Please refer to our website at www.dfa.ie for further information.