

# Authorization Form

To: Consulate General of Japan in Miami

I, \_\_\_\_\_ (DOB \_\_\_\_\_ )  
Please print authorizer's full name MM/DD/YYYY

hereby give permission to

Name: \_\_\_\_\_  
Authorized person's full name in print

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_

Passport or driver's license number: \_\_\_\_\_

- to apply for my visa on my behalf.
- to pick up my passport/visa on my behalf.

Date (MM/DD/YYYY): \_\_\_\_\_

Authorizer's full name in print: \_\_\_\_\_

Authorizer's signature: \_\_\_\_\_