To: HM Passport Office

 Team B

PO Box 15388

Glasgow

G4 0YP

Passport in name of: [enter child’s name]

Passport Number:

Date of Issue:

I am writing to inform you that I wish the above passport to be cancelled and destroyed by HM Passport Office.

Please ✓ (a), (b) or (c).

[ ] (a) I can confirm that I have parental responsibility for the above named and that I applied for and paid for the passport on her/ his behalf.

[ ] (b) I can confirm that I have parental responsibility for the above named and that the person who applied for the passport on her/his behalf no longer has parental responsibility for the child.

[ ] (c) I can confirm that the above named is subject to a Care Order under the appropriate Children’s legislation in the United Kingdom and that the local authority has responsibility for the care and control of the child.

I am asking for the passport to be cancelled and destroyed because the child’s circumstances have changed since the date of issue.

I understand that HM Passport Office will send confirmation of the cancellation of the passport. I understand that the passport cannot be returned and a fresh passport application would need to be made. I also understand that any subsequent application for a passport for the above named will be considered on the individual circumstances at the time of any application.

Please ✓ (d) or (e)

[ ] (d) I have not been in contact with the local police

[ ] (e) I have been in contact with the local police. My contact has been with [please insert name of officer, police force and email address and telephone number].

**Your details**

Signed:

Address:

Email address:

Tel No:

Date: