



CITY OF COPENHAGEN
CPR REGISTRATION

Parental consent form

We, the undersigned,

Father's full name: _____

Date of Birth: _____

Address: _____

Mother's full name: _____

Date of Birth: _____

Address: _____

are the lawful parents/legal guardians of:

Child's full name: _____

Date of Birth: _____

Child's full name: _____

Date of Birth: _____

Child's full name: _____

Date of Birth: _____

Child's full name: _____

Date of Birth: _____

Child's full name: _____

Date of Birth: _____

Child's full name: _____

Date of Birth: _____

hereby give our full consent that our child applies for a CPR registration and has residence in Denmark. We declare that we have no objection to this and that the information provided above is true and correct to the best of our knowledge.

Father's signature _____ Date _____ Phone number _____

Mother's signature _____ Date _____ Phone number _____