

To Port Authority:	Corfu Po	ort Authority									
Name (as in passport):	Xxxxx				Last Name:	xxxxxxx					
Name & Last Name of Father (as in passport):		Xxxxxx xxxxxx									
Name & Last Name of Mother (as in passport):		Xxxxx xxxxxx									
Date of Birth:		DD/MM/YYYY									
Place and country of Birth:		City/Country									
Passport number and type:		XXXXXX	T	T				1	Г	T	
esidence (country): XXXX		Street:	XXXXX	(X		No:	0	Postcode:	0000		
Phone: 0030 6938	3026858										
I XXX XXXX with pas	ssport no	XXX512 is the mo	ther of th	e child	XXXX with p	assport no	XXX.				
Date: 20	015-										