

\_\_\_\_\_

Date

To Whom It May Concern:

I, or my dependent minor ( minor's name: \_\_\_\_\_ )  
wish to wear my \_\_\_\_\_ (name of your head covering) in a United  
States passport photograph. My, or my dependent minor's, head covering is worn for

- Religious purposes. As a member of the \_\_\_\_\_ faith, I, or my  
dependent minor, wear a \_\_\_\_\_ for religious purposes. The  
\_\_\_\_\_ is part of recognized, traditional religious attire that  
is required to be worn continuously in public.
- Medical purposes. I have attached my physician's statement verifying that this item is  
required to be worn at all times in public.

The United States Department of State states in their guidelines:

*"You may wear a hat or head covering, but you must submit a signed statement that  
verifies that the hat or head covering is part of recognized, traditional religious attire that is  
customarily or required to be worn continuously in public or a signed doctor's statement  
verifying the item is used daily for medical purposes."*

This document constitutes mine or my dependent minor's signed statement that the  
head covering is part of recognized, traditional religious attire or that is required to be worn at  
the direction of a physician.

I thank you in advance for your cooperation in complying with United States  
Department of State rules.

Sincerely,

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_