
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: _____