(NAME OF CLINIC / MEDICAL GROUP)

(Doctor's office address)

DATE (MONTH/DAY/YEAR)

To whom it may concern,

(CHILD´S NAME as it appears on his/her birth certificate), was born on (**date of birth**), he/she has been my patient since: (date) and he/she is in good health.

His/Her photograph appears below with my seal/signature on it.

I have met his/her parents **(full name of BOTH PARENTS as it appears in their ID's which has to be the same name that states the child's birth certificate)**

I am writing this letter at the request of the family with the only purpose to present it at the Consulate General of Mexico in San Diego in order **to obtain dual citizenship** for **(CHILD´S COMPLETE NAME)**, whom I have identified in this document.

If you may need any further information, please do no hesitate to contact my office.

Sincerely,

(Doctor's Signature)

(Doctor's name)

