**MINOR TRAVEL CONSENT**

To Whom It May Concern:

|  |  |
| --- | --- |
| I/We, |  |
| *(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))* |
| am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of: |
| Child's full name:  |  |
| Date of Birth: |   |
| Place of Birth: |  |
| U.S. passport number: |  |
| Date and Place of Issuance of U.S. Passport:  |  |
|  | , has my/our consent to travel with: |
| *(Child's Full Name)* |
| Full name of accompanying person: |  |
| U.S. or foreign passport number: |  |
| Date and Place of Issuance of U.S. Passport:  |  |
| to visit |  | , during the period of |  |
| *(Name of Foreign Country)* | *(Dates of Travel: Departure and Return)* |
| During that period, |  | will be residing with |
|  | *(Child's Full Name)* |  |
|   | at the following address: |
|  *(Name of Person Who Child will be Residing With in Foreign Country)* |  |
| Hotel address (Street and Number): |  |
|  |
| City, State/Province, Country: |  |
| Telephone and fax numbers (work, cell phone and residence): |  |
| Signature: |  |   Date: |  |
| *(Signature of Custodial Parent,and/or Non-Custodial Parent or Legal Guardian))* |  |
| Full Name: |  |
| Signature: |  |  Date: |  |
|  | *(Signature of Custodial Parent,and/or Non-Custodial Parent or Legal Guardian))* |  |
| Full Name: |  |
| Signed before me, |  |
|  | *(Full Name of Witness)*  |
| this |  |  at |  |
|  | *(Date)* |  | *(Name of Location)* |
| Signature: |  |
|  |  |  |