PARENTAL CONSENT FORMS

FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 *(At The Time Travel Starts)* To Prevent Immigration Problems When Entering Or Leaving The Country.

When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!

FORM #1 - Both Birth Parents Are Alive - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

FORM #2 - One Birth Parent Is Deceased - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

FORM #3 - Guardian For Minor Child - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

Fill In the Forms Using the Codes Below

a) The full name *(first, middle & last)* of the non-traveling parent(s) or legal guardian.
b) The relationship of the non-traveling parent(s) to this minor child.
c) The full name *(first, middle & last as shown on their citizenship documentation)* of the person you authorize to travel with this child.
d) The relationship of this person to the minor child. *(Father, Mother, Uncle, Friend, Teacher, etc.)*
e) The full name *(first, middle & last as shown on their citizenship documentation)* of the child.
f) The child's age at the time travel begins.
g) If the form requires, place the word "Me," "We," or "Us" in this space.
h) Name only the countries listed on the child's itinerary they will be traveling to. (Bahamas, Mexico, etc.)
i) The date travel is to start.
j) The date child will be returning to the United States.
k) Answer the Insurance, medical treatment and emergency notification section.

AFFIDAVIT OF PARENTAL CONSENT

For Travel Outside The United States Of A Minor Child Without Both Birth Parents Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____
Address: _____
City / State / Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Alternate Name & Phone: _____
_____

Signature: _____

(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200___
Signature Of Notary Public: _____
Notary Public in and for the County of _____, And the State Of _____.
My Commission Expires: _____
Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT

For Travel Outside The United States Of A Minor Child Without Both Birth Parents Traveling

FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without Me:

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____
Address: _____
City / State / Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Alternate Name & Phone: _____
_____

Signature: _____

(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200___
Signature Of Notary Public: _____
Notary Public in and for the County of _____, And the State Of _____.
My Commission Expires: _____
Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT

For Travel Outside The United States Of A Minor Child Without Both Birth Parents Traveling

FORM # 3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____
Address: _____
City / State / Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Alternate Name & Phone: _____
_____

Signature: _____

(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200___
Signature Of Notary Public: _____
Notary Public in and for the County of _____, And the State Of _____.
My Commission Expires: _____
Affix Notary Seal At The Right Side Of Page