

Parental Consent for Minor Travel

To Whom it May Concern:

I/We _____ am/are the lawful custodial parent(s) or legal guardian(s) of:

Child's Full Name: _____

Child's Date of Birth: _____

Child's Place of Birth (City, State, Country): _____

Child's US Passport Book Number: _____

Date of Issuance of US Passport: _____

_____ has my/our consent to travel with:

Full Name of Accompanying Person: _____

US or Foreign Passport Number: _____

Date and Place of Issuance of this Passport: _____

To travel to _____

During the period of _____

During that period, _____ will be residing with _____ at the following address:

Street Address & Apt number: _____

City, State, Providence, Country: _____

Phone and/or fax numbers (work, cell, residence): _____

Parent(s) or Legal Guardian(s):

Full Name: _____

Signature: _____

Date: _____

Contact info (phone, address): _____

Full Name: _____

Signature: _____

Date: _____

Contact info (phone, address): _____