

CONSENT FOR MINOR CHILD(REN) TO TRAVEL

State of New York) County of _____) ss.

I, _____, currently residing at

_____ hereby affirm under penalty of perjury:

I am the mother father of the following child(ren):

Child's Full Name <i>(as written in passport)</i>	Date of Birth	Passport Country	Passport Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The child(ren) listed above is(are) traveling to _____ for the purpose of _____ between the dates of _____ and _____.

Check one:

My child(ren) is(are) traveling with:

Caretaker's Name <i>(as written in passport)</i>	Passport Country	Passport Number
_____	_____	_____

Caretaker's Address

Caretaker's Phone _____	Caretaker's Email _____
----------------------------	----------------------------

Parent's initials: _____

- My child(ren) are traveling alone, under the airline's unaccompanied minor's program and with this document giving my consent.

My child(ren) is(are) making this journey with my full knowledge and consent.

I have verified the destination country's requirements for unaccompanied minor children, and taken the necessary steps for my child(ren) to travel alone.

Check one:

- The other parent's has also granted his/her consent; see attached.
- The other parent's consent is not required because:
- s/he is deceased; see attached copy of death certificate.
 - I have been granted a court order allowing my child(ren) to travel outside the U.S.; see attached copy of the order.
 - Other: _____
-

Check one:

- The authority granted pursuant to this form shall be valid for _____ (*number up to 12*) months from the date of signature of this designation, or until the date of revocation, whichever occurs first.
- The authority granted pursuant to this form shall be valid for _____ (*number up to 365*) days from the date of signature of this designation, or until the date of revocation, whichever occurs first.
- The authority granted pursuant to this form shall be valid from _____ (*date*) until and including _____ (*date up to one year*), or until the date of revocation, whichever occurs first.

Parent's initials: _____

In the event of any questions regarding this consent, I may be contacted at:

Address: _____ Home

Phone: _____ Mobile Phone: _____

Email: _____

Signature of Parent

Printed Name of Parent

Sworn to before me this
_____ day of _____, 201__.

Notary Public

List of Attachments, as applicable (copies only):

- Birth certificate of each child
- Passport biographic page of each child
- Passport biographic page of parent
- Passport biographic page of custodian / guardian / caretaker
- Consent of other parent
- Death certificate of other parent
- Custody / Guardianship Court Order
- Other: _____

