To Whom It May Concern:	
I/We,	
Full Name(s) of Custodial and/or Non-Custo	dial Parent(s)/Legal Guardian(s)
am/are the lawful custodial parent and/or non-custodial pa	rent(s) or legal guardian(s) of:
Child's full name:	
Date of Birth:	
Place of Birth:	
Passport Number:	
Date and Place of Issuance of Passport:	
	, has my/our consent to travel with:
Child's Full Name	
Full name of accompanying person:	
Passport Number:	
Date and Place of Issuance of Passport:	
to visit during the period Name of Foreign Country	d of
During that period, Child's Full Name	will be residing with
Name of Person Who Child will be Residing With in Foreign Coun	at the following address:
Street Address:	
City, State/Province, Country:	
Telephone numbers:	
Signature:	
Full Name:	
Signature:	Date:
Full Name:	
A notary public or other officer completing this certificate verifies only the in the document to which this certificate is attached, and not the truthfulness, accurately	
State of California County of	
Onbefore me,	, Notary Public, personally appeared
who proved to me on the basis of satisfactory evidence to be the pe	rson(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by	
his/her/their signature(s) on the instrument the person(s), or the entity	
instrument. I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and	
correct. WITNESS MY HAND AND OFFICIAL SEAL.	