

MINOR TRAVEL CONSENT FORM



This form must be completed, EXCEPT for the signature(s); must be signed in the presence of a U.S. state-commissioned notary public. Separate forms must be completed for 3 or more children. New form(s) must be completed to replace any previous form(s) if ANY information changes during the dates listed on this form.

To Whom It May Concern,

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

Minor Child (1) Name:	
Date of Birth:	
Place of Birth:	
Passport #:	
Passport Place of Issue:	
Passport Exp Date:	

Minor Child (2) Name:	
Date of Birth:	
Place of Birth:	
Passport #:	
Passport Place of Issue:	
Passport Exp Date:	

I / We give my/our consent for the child/children listed above to travel with:

Accompanying Adult (1):	
Date of Birth:	
Mobile Phone Number:	
Email Address:	
Driver License # & State:	
Passport #:	
Passport Place of Issue:	
Passport Exp Date:	

Accompanying Adult (2):	
Date of Birth:	
Mobile Phone Number:	
Email Address:	
Driver License # & State:	
Passport #:	
Passport Place of Issue:	
Passport Exp Date:	

-The accompanying adult(s) listed above will have temporary guardianship of the minor child(ren) listed above only during the travel period from (expected departure date) _____ to (expected return date) _____.

-They will travel from _____ to _____
departure city, state, country final destination city, state, country

-The child/children will be residing at the following address(es) during this travel period:

Parent(s)/Guardian(s): The purpose of this travel is _____.

Print: _____ **Sign:** _____ **Date:** _____

Print: _____ **Sign:** _____ **Date:** _____

*******STOP! THE SECTION BELOW MUST BE COMPLETED BY A U.S. STATE-COMMISSIONED NOTARY PUBLIC*******

State: _____ County: _____

On this _____ day of _____, _____, before me, the undersigned notary public, personally appeared

_____ who proved to me to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged to me that (he / she / they) executed the same for the purpose therein stated.

Notary Public Signature
Name Print: _____
My Commission Expires: _____

Personally Known Produced I.D. (type) _____

In-Person Remote Online Notarization In-Person Electronic Notarization