

TODAYS DATE_____

To Whom It May Concern:

I:_____ ,

Resident at:_____

Telephone #_____

I am the custodial parent of my (_____) _____

Date of Birth:_____ Place of Birth:_____

Passport Number:_____ COUNTRY OF ISSUANCE_____

I give my consent to my child to travel with:_____

Who is related to my child as _____, Passport Number_____

Country of issuance _____ to visit _____

during the period of _____.

My child will be residing with _____

at:_____

Sincerely

Parent Print Name

Signature
TELEPHONE #

Witness Print Name

Witness Signature
TELEPHONE #

State of _____ New York _____)

County of _____)

On the _____ day of _____ in the Year _____.

Before me, the undersigned Notary Public, (_____) from _____ County Jurisdiction.

Personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence.

Showing the _____ # _____ from _____

With the expiration date of _____.

As form of acceptable identification, to be the individual whose name is subscribed within the instrument and acknowledged to me that he/ she executed the same in his /her capacity and that by his /her signature on the instrument, the individual, or person upon behalf of which the individual acted and executed the instrument.

Sworn to me on _____

Notary Public State of New York