		TODAYS DATE
Γο Whom It May Concern:	and	
: Residents at:		
Felephone #	and	<del></del>
We are the biological parents of		
Date of Birth:	Place of Birth:	<u>-</u>
We give our consent to our child to travo the child as	el with:	who is related
o the child as	and telephone #:	
And will be residing abroad at:And will be traveling on		
And will be traveling on	Using Airline	Flight #
	Sincerely	
Mother Print Name		Father Print Name
Mother Signature		Father Signature
County of) On theday of  Before me, the undersigned Notary Pub		
Personally appeared		
personally known to me or proved to me	e on the basis of satisfactory	evidence.
Showing the	#	from
With the expiration date of	·	
Showing the	# 	rrom
As form of acceptable identification, to and acknowledged to me that he/ she ex	ecuted the same in his /her o	
nstrument.		

**Notary Public State of New York**