

**Affidavit of Consent for Children Travelling Abroad**

To whom it may concern,

I / We, \_\_\_\_\_  
*full name(s) of parent(s) / person(s) / organization giving consent*

Address: \_\_\_\_\_  
*street address, city*  
\_\_\_\_\_  
*province, country*

Telephone and email: \_\_\_\_\_  
*Telephone* \_\_\_\_\_ *email* \_\_\_\_\_

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

**Child Information:**

Name: \_\_\_\_\_  
*child's full name*

Date and place of birth: \_\_\_\_\_  
*dd/mm/yyyy* \_\_\_\_\_ *city, province*

Number and date of issue of passport (if available): \_\_\_\_\_  
*Number* \_\_\_\_\_ *dd/mm/yyyy*

Issuing authority of passport (if available): \_\_\_\_\_  
*country where passport was issued*

Birth certificate registration number \_\_\_\_\_  
*Number*

Issuing authority of birth certificate \_\_\_\_\_  
*province / country where birth certificate was issued*

This child has my / our consent to travel alone  **or** This child has my / our consent to travel with

**Accompanying Person:**

Name: \_\_\_\_\_  
*full name of accompanying person*

Relationship to child: \_\_\_\_\_  
*mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport: \_\_\_\_\_  
*Number* \_\_\_\_\_ *dd/mm/yyyy*

Issuing authority of passport: \_\_\_\_\_  
*country where passport was issued*

**Contact Information during trip:**

Destination(s): \_\_\_\_\_  
*name of destination country / countries*

Travel dates: \_\_\_\_\_  
*date of departure to date of return*

to stay with / at (if applicable) \_\_\_\_\_  
*name of person with whom child will be staying / hotel or other*

at the following address(es) \_\_\_\_\_  
*street address(es), city (cities)*

\_\_\_\_\_

\_\_\_\_\_ *province(s)/state(s), country (countries)*

Telephone and email \_\_\_\_\_

*This affidavit must be signed before an official who has the authority to administer an oath or a solemn declaration.*

**Signature (s) of person(s) giving consent**

\_\_\_\_\_ (signature)

Name:

\_\_\_\_\_ (signature)

Name:

Date:

**Subscribed and sworn before me**

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

At \_\_\_\_\_

\_\_\_\_\_ (Signature)

Name of Official \_\_\_\_\_

Title: \_\_\_\_\_