Affidavit of Consent for Children Travelling Abroad

To whom it may concern,		
I/We,		
Address:	full name(s) of parent(s) / person(s) / organization giving consent	
	street address, city	
Telephone and email:	province, country	
•	Telephone	email
parental authority over the following child: Child Information:	otner autnorized person(s) or or	ganization with custody rights, access rights or
Name:		
Date and place of birth:	child's full name	
Number and date of issue of passport (if available):	dd/mm/yyyy	city, province
,	Number	dd/mm/yyyy
Issuing authority of passport (if available):	country where passport was i	issued
Birth certificate registration number	Number province / country where birth certificate was issued	
Issuing authority of birth certificate		
This child has my / our consent to travel alo		
Accompanying Person: Name:	Jacob Smith	
Relationship to child:	full name of accompanying person other	
Number and date of issue of passport:	mother, father, grandparent, s	sister, brother, relative, friend, other
	Number	dd/mm/yyyy
Issuing authority of passport:	country where passport was i	issued
Contact Information during trip: Destination(s):	Honduras	
Travel dates:	name of destination country / countries Friday, June 25th - Monday, July 5th	
to stay with / at (if applicable)	date of departure to date of return Clinica Cuerpo de Cristo	
at the following address(es)	name of person with whom child will be staying / hotel or other Colonia Altos de Ciudad Lempira, Tegucigalpa	
at the following address(es)	street address(es), city (cities)	
Tolophone and email	province(s)/state(s), country ((countries)
Telephone and email	2213-8052	niniotor on oath or a calama da-la
This affidavit must be signed before an office	cial who has the authority to adh	nimster an oath of a solemn declaration.
Signature (s)of person(s)giving consent	Subscribed and sworn	before me
(signature) Name:	this day of	f, 20
	At	
(signature)		(Signature)
Name:	Name of Official	
Date:	Title:	