CONSENT FOR MINOR CHILD(REN) TO TRAVEL

State of New	York)				
County of) ss.				
			, currently residing at , hereby affirm under penalty of perjury:		
		, h	ereby affirm under p	enalty of perjury:	
I am the	□ mother □ father	r of the follow	ving child(ren):		
	l's Full Name rritten in passport)		Passport Country	-	
The child(ren	n) listed above is(are) to ose of	raveling to			
The child(ren	n) listed above is(are) t	raveling to	between		
The child(ren for the purpo <i>Check one:</i>	n) listed above is(are) to ose of and	raveling to	between		
The child(ren for the purpo <i>Check one:</i>	n) listed above is(are) to ose of and My child(ren) is(are) tra	raveling to	between	n the dates of	
The child(ren for the purpo <i>Check one:</i>	n) listed above is(are) to ose of and	raveling to	between		
The child(ren for the purpo <i>Check one:</i>	n) listed above is(are) to ose of and My child(ren) is(are) tra Caretaker's Name	raveling to	between	n the dates of	

Parent's initials:

My child(ren) are traveling alone, under the airline's unaccompanied minor's program and with this document giving my consent.

My child(ren) is(are) making this journey with my full knowledge and consent.

I have verified the destination country's requirements for unaccompanied minor children, and taken the necessary steps for my child(ren) to travel alone.

Check one:

- □ The other parent's has also granted his/her consent; see attached.
- □ The other parent's consent is not required because:
 - □ s/he is deceased; see attached copy of death certificate.
 - I have been granted a court order allowing my child(ren) to travel outside the U.S.; see attached copy of the order.
 - □ Other: _____

Check one:

- □ The authority granted pursuant to this form shall be valid for _____ (number up to 12) months from the date of signature of this designation, or until the date of revocation, whichever occurs first.
- □ The authority granted pursuant to this form shall be valid for ______ (number up to 365) days from the date of signature of this designation, or until the date of revocation, whichever occurs first.
- □ The authority granted pursuant to this form shall be valid from ______ (*date*) until and including ______ (*date up to one year*), or until the date of revocation, whichever occurs first.

In the event of any questions regarding this consent, I may be contacted at:

Address: _____

Home Phone: _____ Mobile Phone: _____

Email:

Signature of Parent

Printed Name of Parent

Sworn to before me this _____ day of _____, 20___.

Notary Public

List of Attachments, as applicable (copies only):

- □ Birth certificate of each child
- □ Passport biographic page of each child
- □ Passport biographic page of parent
- □ Passport biographic page of custodian / guardian / caretaker
- □ Consent of other parent
- □ Death certificate of other parent
- □ Custody / Guardianship Court Order
- \Box Other: