

# AFFIDAVIT OF PARENTAL CONSENT

## For Travel Outside The United States Of A Minor Child Without Both Birth Parents Traveling

**FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!**

I, \_\_\_\_\_ [a]

\_\_\_\_\_ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without Me:

\_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [i]

To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [j]

[k] I/We [ \_ ] HAVE; [ \_ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ \_ ] AUTHORIZE; [ \_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*