Custodial Authorization and Consent Form

I / We	······································		
residing in the city of	, County	, County of	
in the State of	, U.S.A. am / are the parent(s) having legal custody of		
	, a minor	·.	
[] I am the <u>spouse</u> of the parent	escorting the above	named minor.	
[] I am the divorced parent share	ing custody of the at	oove named minor.	
[] I am the divorced parent havir	ng full custody of the	above named minor.	
[] Copy of divorce papers	attached.		
[] I am the only living parent of t	he above named mi	nor.	
[] Copy of death certificat	te attached.		
[] We are the parents of the abo	ve named minor.		
[] Other :			
I / We authorize		()
in whose care the above named minor ha			
for the dates of	through		_ with full and
complete legal powers of custody and gu	uardianship.		
Minor's Signature		Date	
Parent's Signature		Date	
Parent's Signature		Date	
Notary: Taken and sworn to me this	day of	, <u> </u>	
My commission expires		·	
	County of:	State of: _	

Signature of Notary Public

Notary Seal: