

To Whom It May Concern:

I/We,	
(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))	
am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:	
Child's full name:	
Date of Birth:	
U.S. Passport Number: Date and Place of Issuance of U.S. Passport:	
Date and Place of Issuance of U.S. Passport:	
has my/our concert to travel with	
, has my/our consent to travel with:	
Full name of accompanying person:	
Date and Place of issuance of this passport:	
Dute and Thee of instance of this passport	
to visit during the period of	
(Name of Foreign Country) (Dates of Travel: Departure and Retur	n)
During that period, will be residing with	
(Name of Person Who Child will be Residing With in Foreign Country) at the following address:	
(Name of Person who Chind will be Residing with in Foreign Country)	
Number/street address and apartment number:	
City, State/Province, Country:	
relephone and fax numbers (work, cen phone and residence)	
Signature: Date:	
Signature: Date: Date:	
Full Name:	
Signature: Date: D	
Full Name:	
Signed before me,	,
thisat(Name of Location)	
Signature:	