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PARENTAL CONSENT FORMS FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. (Some States also require this form for transporting a child across state lines.) Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 (At The Time Travel Starts) To Prevent Immigration Problems When Entering Or Leaving The Country.

When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!

FORM # 1 - Both Birth Parents Are Alive - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country. Or To allow the minor child to travel on their own with no guardian.

FORM # 2 - One Birth Parent Is Deceased - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

FORM # 3 - Guardian For Minor Child - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

Fill In The Forms Using The Codes Below

- [a] The full name (first, middle & last) of the non-traveling parent(s) or legal guardian.
- [b] The relationship of the non-traveling parent(s) to this minor child.
- [c] The full name (first, middle & last as shown on their citizenship documentation) of the person you authorize to travel with this child.
- [d] The relationship of this person to the minor child. (Father, Mother, Uncle, Friend, Teacher, etc.)
- [e] The full name (first, middle & last as shown on their citizenship documentation) of the child.
- [f] The child's age at the time travel begins.
- [g] If the form requires, place the word "Me," "We," or "Us" in this space.
- [h] Name only the country's listed on the child's itinerary they will be traveling to.

 (Bahamas, Mexico, Aruba, etc. If on a cruise, list all countries the ship will actually dock at.)
- [i] The date travel is to start.
- [i] The date child will be returning to the United States.
- [k] Answer the Insurance, medical treatment and emergency notification section.

These Forms Were Correct At The Time Of Publishing For Most Foreign Governments.

However Due To The Ever Changing Government Regulations We Cannot Be Held Responsible If

A Government Will Not Accept Its Use. Please Check With Each Country Visiting To Verify The Forms Use.

AFFIDAVIT OF PARENTAL CONSENT For Travel Of A Minor Child Without Both Birth Parents Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

l,	[a]
	[b] 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	: [g]
	[h]
	[h]
From: Day:	/ Month: / Year: [i]
To: Day:	/ Month: / Year: [j]
I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZ minor child listed above if needed. If not, we have	
City / State / Zip:	Work Phone: ()
Signature:	
	arent(s) • To Be Signed In Front Of A Notary Public Only)
Subscribed and sworn to before me this day of Signature Of Notary Public:	
Notary Public in and for the County of My Commission Expires:	, And the State Of
Affix Notary Seal At The Right Side Of Page	

AFFIDAVIT OF PARENTAL CONSENT For Travel Of A Minor Child Without Both Birth Parents Traveling

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

l,						[a]
		[b] And Sur	viving Birth Pa	arent Of Said I	Minor Child, Do H	ereby Authorize
					-	[c]
			[d] Ot	f Said Minor C	Child To Travel As	A Guardian Of
			 	· · · · · · · · · · · · · · · · · · ·	[e], Aç	je:[f]
To The Following Count	tries Without Me:					
						[h]
	From: Day:					
	To: Day:	/ Month: _	/	Year:	[i]	
[k] I/We [_] HAVE; [_ I/We [_] AUTHORIZE; minor child listed above Name:	; [_] DO NOT AUT if needed. If not, w	HORIZE the above have provided E	ve named pers Emergency Co	son to make n Intact Informa	nedical treatment tion below:	decisions for the
Address: City / State / Zip: Home Phone: () Alternate Name & Phon)		Work Phone:	()		
	ure: Gurviving Non-Trav					lic Only)
Subscribed and sworn to be Signature Of Notary Public				, 200		
Notary Public in and for the	ary Public in and for the County of, And the State Of Commission Expires:					
Affix Notary Seal At The F						

AFFIDAVIT OF PARENTAL CONSENT For Travel Of A Minor Child Without Both Birth Parents Traveling

FORM #3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!

l,					[a]
	The Legal Gua	urdian Of Said Minor (Child, Do Hereby Autho	rize	
					[c]
			[d] Of Said Minor C	hild To Travel As A Gua	ardian Of
				[e], Age:	[f]
To The Following Count	tries Without	: [g]			
					[h]
					[h]
	From: Day:	/ Month:	/ Year:	[i]	
	To: Day:	/ Month:	/ Year:	Ü	
[k] I/We [_] HAVE; [_ I/We [_] AUTHORIZE; minor child listed above Name:	[_] DO NOT AUTH if needed. If not, we	ORIZE the above nathave provided Emerg	med person to make m gency Contact Informat	nedical treatment decisi ion below:	ons for the
Address:)	Work	Phone: ()		
			Be Signed In Front Of	A Notary Public Only	•)
(Signature O	Havening Leg	a. Gaaraian(3) · 10 l	zo orginea in i ront Or	Triviary rabile only	,
Subscribed and sworn to be Signature Of Notary Public	o:		 		
Notary Public in and for the My Commission Expires: _ Affix Notary Seal At The R	e County of	, And	the State Of		