To Whom It May Concern:		
I/We,		
(Full Name(s) of Custodial and/or Non-Cust	odial 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:		
Place of Birth:		
U.S. Passport Number:		
Date and Place of Issuance of U.S. Passport	:	
	(Child's Full Name) has my/or	ir consent to travel with:
Full name of accompanying person:		
U.S. or foreign passport number:		
Date and Place of issuance of this passport		
to travel to during the period of		
During that period, (Child's Name) will be residing with		
	at the foll	owing address:
Number/street address and apartment nur	nber:	
City, State/Province, Country:		
Telephone and fax numbers (work, cell pho	ne and residence)	
Parent(s) or Legal Guardian(s):	Witnesse	s:
Full Name:	Signed be	fore me,,
Signature:	this	(Date)
Date:	at	(Name of Location)
Full Name:	Signed be	fore me,,
Signature:	this	(Date)
Date:	at	(Name of Location)