## **Affidavit of Parental Consent Instructions**

### 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. 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 parents are 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. (uncle, friend, teacher, etc.)
- 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 countries listed on the child's itinerary that they will be traveling to. (Bahamas, Mexico, etc.)
- i) The date travel is to start.
- j) The date child will be returning to the United States.
- k) Answer the insurance, medical treatment and emergency notification section.

# **Forms & Documents**

# Affidavit of Parental Consent For Travel Outside the United States

OF A MINOR CHILD WITHOUT BOTH BIRTH PARENTS TRAVELING

Form 1 Both Birth Parents are Alive PLEASE TYPE OR PRINT CLEARLY

**Trip name:** I, [a] [b] of said minor child, do hereby authorize [c] [d] of said minor child to travel as a quardian of [e] to the following countries without [g] age: [f] [h] From: [i] Day / Month To: **[j]** Day /Year / Month /Year HAVE; DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment **[k]** I/We DO NOT AUTHORIZE the above named person to outside the United States; and that I/We AUTHORIZE; 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 Non-Traveling Birth Parent(s) • To Be Signed in Front of a Notary Public Only

| Subscribed and sworn to before me this day of , 20 |   |                    |
|----------------------------------------------------|---|--------------------|
| Signature Of Notary Public                         |   |                    |
| Notary Public in and for the County of,            | , |                    |
| and the State of                                   |   |                    |
| My Commission expires                              |   | Affix notary seal. |

| Affidavit of Parental Consent<br>For Travel Outside the United States<br>OF A MINOR CHILD WITHOUT BOTH BIRTH PARENTS TRAVELING                                                                                                                                                                                                                                                | <b>Form 2</b><br><i>One Birth Parent is Deceased</i><br>PLEASE TYPE OR PRINT CLEARLY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Trip name:                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |
| 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: <b>[f]</b>                                                                      |
| to the following countries without me:                                                                                                                                                                                                                                                                                                                                        |                                                                                      |
| [h]                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |
| From: [i] Day / Month / Year To: [j] Day                                                                                                                                                                                                                                                                                                                                      | / Month / Year                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                               | cover this child for medical treatment<br>NUTHORIZE the above named person to        |
|                                                                                                                                                                                                                                                                                                                                                                               | UTHORIZE the above named person to                                                   |
| outside the United States; and that I/We AUTHORIZE; DO NOT A make medical treatment decisions for the minor child listed above if neede contact information below:                                                                                                                                                                                                            | UTHORIZE the above named person to                                                   |
| outside the United States; and that I/We AUTHORIZE; DO NOT A make medical treatment decisions for the minor child listed above if neede contact information below: Name Address                                                                                                                                                                                               | UTHORIZE the above named person to                                                   |
| outside the United States; and that I/We AUTHORIZE; DO NOT A make medical treatment decisions for the minor child listed above if neede contact information below: Name Address                                                                                                                                                                                               | NUTHORIZE the above named person to<br>ed. If not, we have provided emergency        |
| outside the United States; and that I/We AUTHORIZE; DO NOT A   make medical treatment decisions for the minor child listed above if needed   contact information below:   Name   Address   City State                                                                                                                                                                         | NUTHORIZE the above named person to<br>ed. If not, we have provided emergency        |
| outside the United States; and that I/We AUTHORIZE; DO NOT A   make medical treatment decisions for the minor child listed above if needed   contact information below:   Name   Address   City State   Home Phone )   Alternate Name Phone                                                                                                                                   | NUTHORIZE the above named person to<br>ed. If not, we have provided emergency        |
| outside the United States; and that I/We AUTHORIZE; DO NOT A   make medical treatment decisions for the minor child listed above if needed   contact information below:   Name   Address   City State   Home Phone   Work Phone                                                                                                                                               | AUTHORIZE the above named person to<br>ed. If not, we have provided emergency<br>Zip |
| outside the United States; and that I/We AUTHORIZE; DO NOT A   make medical treatment decisions for the minor child listed above if needed   contact information below:   Name   Address   City State   Home Phone ()   Alternate Name Phone   Signature                                                                                                                      | AUTHORIZE the above named person to<br>ed. If not, we have provided emergency<br>Zip |
| outside the United States; and that I/We AUTHORIZE; D0 NOT A   make medical treatment decisions for the minor child listed above if needed   contact information below:   Name   Address   City State   Home Phone )   Alternate Name Phone   Signature   Signature                                                                                                           | AUTHORIZE the above named person to<br>ed. If not, we have provided emergency<br>Zip |
| outside the United States; and that I/We AUTHORIZE; DO NOT A   make medical treatment decisions for the minor child listed above if needed   contact information below:     Name   Address   City   Home Phone   ()   Alternate Name   Phone   Signature   Signature of Non-Traveling Birth Parent(s) • To Be Signed   Subscribed and sworn to before me this day of, 20      | AUTHORIZE the above named person to<br>ed. If not, we have provided emergency<br>Zip |
| outside the United States; and that I/We AUTHORIZE; DO NOT A   make medical treatment decisions for the minor child listed above if needed   contact information below:     Name   Address   City   Home Phone   ()   Alternate Name   Phone   Signature   Signature of Non-Traveling Birth Parent(s) • To Be Signed   Subscribed and sworn to before me this   day of   , 20 | AUTHORIZE the above named person to<br>ed. If not, we have provided emergency<br>Zip |

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# Forms & Documents

# Affidavit of Parental Consent For Travel Outside the United States OF A MINOR CHILD WITHOUT BOTH BIRTH PARENTS TRAVELING PLEASE TYPE Trip name: I, [a] The legal guardian of said minor child, do hereby authorize [c] of said minor child to travel as a guardian of [e] to the following countries without [g]

| [h]                          |                                                                                                                   |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| From: [i] Day / Month / Year | To: [j] Day / Month / Year                                                                                        |
|                              | cal Insurance that will cover this child for medical treatment IORIZE; 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                                          | ed in Front of a Notary Public Only |
| Subscribed and sworn to before me this day of, 20, |                                     |
| Signature Of Notary Public                         |                                     |
| Notary Public in and for the County of,            |                                     |
| and the State of                                   |                                     |
| My Commission expires                              | Affix notary seal.                  |

Form 3 Guardian for Minor Child PLEASE TYPE OR PRINT CLEARLY

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