MINOR CHILD TRAVEL CONSENT FORM

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(s) 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: _____

_____ has my/our consent to travel with:
(child's full name)

_____
(full name of accompanying Person)

_____ _____
(U.S. or foreign Passport Number) *(Date and Place of Issuance of the Passport)*

to visit

_____ during the period of _____
(Name of Foreign Country) *(Dates of Travel: Departure and Return*

During that period, _____
(Child's full name)

will be residing with: **JACQUES AND BEVERLY BLACKWELL** at the following address:

BEECHER TOWN CHURCH OF CHRIST
BEECHER TOWN, ST. ANN
JAMAICA, WI

PHONE: 876-429-4378

Signature:_____ Date: _____

Signature: _____ Date: _____
(Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Signed before me,

_____ this _____
(Full Name of Witness) *(Date)*

at _____
(location)

Signature of Witness:

_____