LETTER OF CONSENT FOR TRAVEL OF A MINOR CHILD

Because of increasing instance of child abduction in custody cases, and a growing number of children who are the victims of trafficking or pornography, we therefore, request all parent/guardian to provide some form of notarized letter of consent if your child is travelling to Liberia. The sample form/letter below is a guide only, you may wish to use or create your own letter of consent.

To Whom It May Con		
I/W <sub>2</sub>		
1/ we,	(Full Name(s) of Custodial and	Vor Non-Custodial Parent(s)/Legal Guardian(s))
- / 1 1 01	(2 an France (3) of Custodial and	voi Poil-Custodiai Parent(s)/Legai Guardian(s))
am/are the lawful cust	odial parent and/or non-c	custodial parent(s) or legal guardian(s) of:
Child's full name:		
U.S. Passport Number	·	
Date and Place of Issu	ance of U.S. Passport:	
	, t	nas my/our consent to travel with:
(Child's F	uii Naine)	
Full name of accompa	nying person:	
o.o. or roloigh pussion	it mumber.	
Date and Place of issue	ance of this passport:	
(N	ame of Foreign Country)	during the period of (Dates of Travel: Departure and Return)
During that period		
burning that period,	/201717	Will be residing with
	(Child's Name)	8
		will be residing with
		at the following address:
(Name of Person Who Cl	hild will be Residing With in Foreign	Country) at the following address:
(Name of Person Who Cl	hild will be Residing With in Foreign	Country) at the following address:
(Name of Person Who Cl	hild will be Residing With in Foreign	Country) at the following address:
(Name of Person Who Cl	hild will be Residing With in Foreign	Country) at the following address:
(Name of Person Who Cl	hild will be Residing With in Foreign	
(Name of Person Who Cl Number/street address City, State/Province, C Felephone and fax num	and apartment number:_ Country:_ nbers (work, cell phone a	Country) at the following address:
(Name of Person Who Cl Number/street address City, State/Province, C Felephone and fax num	and apartment number:_ Country:_ nbers (work, cell phone a	Country) at the following address:
(Name of Person Who Cl Number/street address City, State/Province, C Felephone and fax num Signature:	hild will be Residing With in Foreign	at the following address:  Country)  and residence)  Date:
(Name of Person Who Cl Number/street address City, State/Province, C Telephone and fax num Signature:(Signature of Cl Full Name:	and apartment number:_Country:nbers (work, cell phone a	at the following address:  Country)  and residence)  Date:
(Name of Person Who Clean Number/street address City, State/Province, Conference and fax number (Signature)  Full Name:	and apartment number:_Country:nbers (work, cell phone a	at the following address:  Country)  and residence)  Date:
Number/street address City, State/Province, C Telephone and fax num Signature:  (Signature of C Signature: (Signature of C Signature)	and apartment number:_Country:nbers (work, cell phone a	at the following address:  Country)  and residence)  Date:  Date:  al Parent or Legal Guardian)
Number/street address City, State/Province, C Telephone and fax num Signature:  (Signature of C Signature: (Signature of C Signature)	and apartment number:_Country:nbers (work, cell phone a	at the following address:  Country)  and residence)  Date:  Date:  al Parent or Legal Guardian)
(Name of Person Who Clean Number/street address City, State/Province, Control of Control	and apartment number:_Country:nbers (work, cell phone a	at the following address:  Country)  and residence)  Date:  Date:  al Parent or Legal Guardian)
(Name of Person Who Clean Number/street address City, State/Province, Control of Clean Number (Signature)  Full Name:  (Signature)  (Signature of Clean Number (Signature)  (Signature)	and apartment number:_Country:nbers (work, cell phone a	at the following address:  Country)  Date:  Date:  All Parent or Legal Guardian)  Date:
Number/street address City, State/Province, C Felephone and fax num Signature:  (Signature of C Signature: (Signature of C Signature of C Signature of C	and apartment number:_Country:nbers (work, cell phone a	at the following address:  Country)  Date:  Date:  All Parent or Legal Guardian)  Date:
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