

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!

I, Mother First Middle Last, Father First Middle Last [a]

Mother, Father [b] Of Said Minor Child, Do Hereby Authorize

William Ellis Hunter [c]

Pastor [d] Of Said Minor Child To Travel As A Guardian Of

Child's first, Middle + Last legal name [e]. Age: X [f] *(age 05 of 7/21/24)*

To The Following Countries Without ("me" / "us") : [g]

England and France [h]

_____ [h]

From: Day: 21 / Month: 7 / Year: 2024 [i]

To: Day: 6 / Month: 8 / Year: 2024 [j]

[k] I/We [] HAVE: [] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States: and that I/We [] AUTHORIZE; [] 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: _____

(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 _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page