

EMBASSY OF LIBERIA, WASHINGTON, D.C.

MINOR (CHILD) TRAVEL CONSENT FORM

I. THE PARENT(S).

I/We, _____, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

II. THE MINOR.

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Passport Number _____

- Country of Issuance: _____
- Date Issuance: _____
- Date of Expiration: _____

III. ACCOMPANYING PERSON. (check one)

I authorize my child to travel **with the following individual/organization:**

- Individual/Organization Name: _____
- Relationship with Child: _____
- U.S. or Foreign Passport Number: _____
- Country of Issuance: _____
- Date Issuance: _____
- Date of Expiration: _____

IV. ITINERARY.

I authorize my child to travel to the following location/s _____ during the period beginning on _____ and ending on _____.

V. SIGNATURE(S).

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____