**DECLARATION FOR CHILD TRAVELLING ABROAD**

|  |
| --- |
| To whom it may concern,  |
|  |
| I, | , |
|  | *full name(s) of parent(s) / person(s) / organization giving consent* |
| Address: |  |
|  | *street address, city* |
|  |  |
|  | *province/state, country* |
| Telephone and email: |  |  |  |
|  | *telephone* |  | *email* |
| **SOLEMNLY DELCARE** am the parent, legal guardian or other authorized person or organization with custody rights, access rights or parental authority over the following child: |
| **Information about travelling child** |  |
|  |
| Name: |  |
|  | *child’s full name* |  |  |
| Date and place of birth: |  |  |  |
|  | *dd/mm/yyyy* |  | *city, province/territory* |
| Number and date of issue of passport (if available): |  |  |  |
|  | *number* |  | *dd/mm/yyyy* |
| Issuing authority of passport (if available): |  |
|  | *country where passport was issued* |
| Birth certificate registration number |  |
|  | *number* |
| Issuing authority of birth certificate |  |
|  | *province / territory where birth certificate was issued* |
| **Information about accompanying person (leave blank if child is travelling alone)** |  |
|  |
| This child has my consent to travel alone [ ]  ***or*** This child has my consent to travel with |
|  |
| Name: |  |
|  | *full name of accompanying person* |
| Relationship to child: |  |
|  | *mother, father, grandparent, sister, brother, relative, friend, other* |
| Number and date of issue of passport: |  |  |  |
|  | *number* |  | *dd/mm/yyyy* |
| Issuing authority of passport: |  |
|  | *country where passport was issued* |
| **Contact information during trip** |  |
|  |
| I give my consent for this child to travel to: |
|  |
| Destination(s): |  |
|  | *name of destination country / countries* |
| Travel dates: |  |
|  | *date of departure to date of return* |
| to stay with / at (if applicable) |  |
|  | *name of person with whom child will be staying / hotel or other accommodation* |
| at the following address(es) |  |
|  | *street address(es), city (cities)* |
|  |  |
|  |  |
|  |  |
|  | *province(s)/state(s), country (countries)* |
| Telephone and email |  |  |  |

I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE, AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH.

DECLARED BEFORE ME at the \_\_\_\_\_\_\_\_ )

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )

 in the Province of Alberta, )

this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_\_ )

 )

 )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A NOTARY PUBLIC )

in and for the Province of Alberta