

# PARENTAL TRAVEL PERMIT

(for Minors Travelling to the Philippines)

I/We, \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_, of legal age,  
Name/s of Parent/s or Person/s exercising Parental Authority \_\_\_\_\_, Nationality \_\_\_\_\_, and presently residing at \_\_\_\_\_, Address \_\_\_\_\_, after having been duly sworn to before competent authority, do hereby depose and state:

1. That I/we am/are the biological mother/father and or person exercising parental authority over the following minor(s):

Name	Age	Date of Birth	Place of Birth

2. That my/our child/ren will travel to the Philippines for \_\_\_\_\_ and will be leaving on \_\_\_\_\_;  
Purpose of travel \_\_\_\_\_ Date of Departure \_\_\_\_\_;
3. That said child/ren will stay in \_\_\_\_\_ for a period of \_\_\_\_\_ and will  
Address in the Philippines \_\_\_\_\_ Length of stay in the Philippines \_\_\_\_\_;  
be taken cared of by \_\_\_\_\_;  
Name of guardian in the Philippines \_\_\_\_\_;
4. That I/we cannot personally travel with my child/ren due to \_\_\_\_\_;  
Reason for not being able to travel with child/ren \_\_\_\_\_;
5. That I/we am/are giving my/our full consent to the travel of the aforementioned child/ren to the Philippines to be accompanied by \_\_\_\_\_;  
Adult companion of minor child/children during travel \_\_\_\_\_;
6. That this Permit/Affidavit is being executed for the purpose of attesting to the truth of the facts above stated and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand this \_\_\_\_\_ in Calgary, Alberta, Canada.

\_\_\_\_\_  
Signature over Printed Name of Parent/s or Person/s exercising Parental Authority

Passport/ID No. \_\_\_\_\_ / \_\_\_\_\_  
Issued on \_\_\_\_\_ / \_\_\_\_\_  
Issued at \_\_\_\_\_ / \_\_\_\_\_

**CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES**  
**CONSULAR SECTION**  
**CALGARY, ALBERTA, CANADA**

**SUBSCRIBED AND SWORN TO** before me, this \_\_\_\_\_ at the Consulate General of the Republic of the Philippines in Calgary, Alberta, Canada, affiant exhibiting the Passport/ID indicated above.

Doc No. : \_\_\_\_\_  
Fee Paid : \_\_\_\_\_  
Service No. : \_\_\_\_\_  
O.R. No. : \_\_\_\_\_  
Series of 20 \_\_\_\_