Consent letter for children travelling abroad

The following sample letter is provided by I modified to meet your specific needs and s	Foreign Affairs an situation.	d Internationa	al Trade Canada (www.travel.gc.ca) and can be	
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To whom it may concern, I / We,			Dept. of Foreign Analogan and International Trade	
17 446,	full name(s)		et du Commerce international	
am / are the lawful	person(s) / organ	ization with:	125 Sussex Ottawa K1A 0G2	
	custodial rights guardianship ri	3.	Ottawa Kindos	
of	 parental author 	rity (in Quebec or	nly)	
Information about travelling child	child's full name	al la mayor except the com-		
Date and place of birth:		Sp. a Ren. (1997) (1997		
	dd/mm/yyyy		location	
Number and date of issue of passport:	number		dd/mm/yyyy	
Issuing authority of passport:	country where pa	assnort was issue	•	
Information about accompanying person	de welle bounder, refer favour,	Estimated the latest and the second	Section 1997 Section 1997	
The aforementioned child has my / our co	onsent to travel wi	th		
Name:	· · · · · · · · · · · · · · · · · · ·			
Date and place of birth:	full name of acco.	mpanying person	,	
Number and date of issue of passport:	dd/mm/yyyy		location	
	number		dd/mm/yyyy	
Issuing authority of passport:	country where passport was issued			
Contact information during trip	n ner gemeg ett i 2. eksemblig er (gg. ee	diversion of the second		
I / We give our consent for the aforementi	oned child and ac	ccompanying p	person to visit	
Location:	name of foreign o	country		
during the period of		date of departure to date of return		
to reside with	•			
at the following address:	full name of perso	on with whom chi	ld will be residing in foreign country	
	street address, ci	ity		
	province/state, co	ountry		
Telephone and fax numbers;	telephone		fax	
E-mail:				
Information about person(s) giving consent	t en med te de designe.	Page say a series of seeing	the state of the section	
Any questions regarding this consent letter	er can be directed	to the person	n(s) or organization giving consent at:	
Name(s):	full name(s) of per	rson(s) or organiz	ration giving consent	
Address:				
	street address, city	У		
Telephone and fax numbers:	province/state, cou	untry	,	
	telephone		fax	
E-mail:				
Signature(s) of person(s) giving consent	Signature of wi	tness		
	full name of witnes	ss		
		•		
signature(s) of person(s) giving consent	signature of witnes	SS		
dd/mm/yyyy	dd/mm/yyyy	location	n .	
Signature of accompanying person	Signature of wi	tness		
	full name of with	00		
	full name of witnes			
signature of accompanying person	signature of witnes	ss		
dd/mm/yyyy	dd/mm/yyyy	location	n	