



**CONSULATE GENERAL OF MONGOLIA  
IN SAN FRANCISCO**

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**Parent or Legal Guardian Authorization Letter**

**MINOR:**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Passport: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

**MOTHER:**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Passport: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**FATHER:**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Passport: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**PROPOSED GUARDIAN(S) (1):**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Passport: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to minor: \_\_\_\_\_

**PROPOSED GUARDIAN(S) (2):**

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Passport: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to minor: \_\_\_\_\_

**Authorization and Consent of Parent(s)**

1. I (we) affirm that the minor indicated above is my child and that I have legal custody of her/him. I give full authorization and consent for my child to travel and for the proposed guardian to accompany my child during the period indicated on clause 4.
2. I (we) give the proposed guardian permission to act in my place and to make decisions pertaining to my child's emergency treatments that, in the proposed guardian's sole opinion, are needed or useful for my child. Such medical treatment shall only be provided upon the advice of, and supervision by, a physician, surgeon or dentist or other medical practitioner licensed to practice in flight or in countries indicated on clause 3.
3. Travel information: \_\_\_\_\_
4. This authorization shall cover the period from \_\_\_\_\_ to \_\_\_\_\_.

*I (we) declare under penalty of perjury and under the applicable laws that the foregoing is true and correct.*

Mother's signature: \_\_\_\_\_ Father's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent of Proposed Guardian(s)**

I solemnly affirm that I will assume full responsibility for the minor who will travel with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent by Parent(s). *I declare under penalty of perjury and under the applicable laws that the foregoing is true and correct.*

Proposed Guardian's (1) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Guardian's (2) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified by: KHONGORZUL Erdenechuluun (Vice consul) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

