

CONSULATE GENERAL OF MONGOLIA IN SAN FRANCISCO

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Parent or Legal Guardian Authorization Letter

MINOR:	MINOR:
Last name:	Last name:
First name:	First name:
Passport:	Passport:
Passport: DOB:	Passport: Sex: DOB:
MOTHER:	FATHER:
Last name:	Last name:
First name:	First name:
Passport:	Passport:
DOB: Phone:	Passport: Phone:
Address:	Address:
PROPOSED GUARDIAN(S) (1):	PROPOSED GUARDIAN(S) (2):
Last name:	Last name:
First name:	First name:
Passport:	Passport:
DOB: Phone:	
Address:	Address:
Authorization 1. I (we) affirm that the minor indicated about authorization and consent for my child to the period indicated on clause 4.	on and Consent of Parent(s) ove is my child and that I have legal custody of her/him. I give full travel and for the proposed guardian to accompany my child during
Authorization 1. I (we) affirm that the minor indicated about authorization and consent for my child to the period indicated on clause 4. 2. I (we) give the proposed guardian permochild's emergency treatments that, in the part Such medical treatment shall only be proported or dentist or other medical practitioner lice.	on and Consent of Parent(s) ove is my child and that I have legal custody of her/him. I give full travel and for the proposed guardian to accompany my child during ission to act in my place and to make decisions pertaining to my proposed guardian's sole opinion, are needed or useful for my child. Vided upon the advice of, and supervision by, a physician, surgeon ensed to practice in flight or in countries indicated on clause 3.
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Certified by: KHONGORZUL Erdenechuluun, Vice consul /_____