



**CONSULATE GENERAL OF MONGOLIA
IN SAN FRANCISCO**

465 California Street, Suite 200

San Francisco, CA 94104

Tel: (415) 622-4000

Fax: (415) 622-3000

E-mail: sanfrancisco@mfa.gov.mn

Website: www.sanfrancisco.consul.mn

The parent or Legal Guardian Authorization Letter

MINOR:

Last name: _____

First name: _____

Passport number: _____

Sex: _____ DOB: _____

MINOR:

Last name: _____

First name: _____

Passport number: _____

Sex: _____ DOB: _____

MOTHER:

Last name: _____

First name: _____

Passport number: _____

DOB: _____ Phone: _____

Address: _____

FATHER:

Last name: _____

First name: _____

Passport number: _____

DOB: _____ Phone: _____

Address: _____

PROPOSED GUARDIAN(S) (1):

Last name: _____

First name: _____

Passport number: _____

DOB: _____ Sex: _____

Phone: _____

Address: _____

PROPOSED GUARDIAN(S) (2):

Last name: _____

First name: _____

Passport number: _____

DOB: _____ Sex: _____

Phone: _____

Address: _____

Relationship to minor: _____

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 in 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, dentist, or other medical practitioner licensed to practice in flight or countries indicated in 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: Vice consul / _____ / _____ /