

## 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:
DOB: DOB:	Sex:
MINOR:	
Last name:	_
First name:Passport:	_
Sex:	_
MOTHER:	FATHER:
Last name:	
First name:	
Passport:	Passport:
DOB: Phone:	DOB: Phone:
Address:	
PROPOSED GUARDIAN(S) (1):	PROPOSED GUARDIAN(S) (2):
Last name:	` , ` ,
First name:	First name:
Passport:	Passport:
DOB: Phone:	DOB: Phone:
	Address:
Relationship to minor:	Relationship to minor:
<ol> <li>I (we) affirm that the minor indicated above give full authorization and consent for my child during the period indicated on class</li> </ol>	
to my child's emergency treatments that, i useful for my child. Such medical treatn	sion to act in my place and to make decisions pertaining in the proposed guardian's sole opinion, are needed or nent shall only be provided upon the advice of, and entist or other medical practitioner licensed to practice in
3. Travel	information:
4. This authorization shall cover the period	d from to
I (we) declare under penalty of perjury and under	the applicable laws that the foregoing is true and correct.

Certified by: KHONGORZUL Erdenechuluun, Vice consul /\_\_\_\_\_/\_\_\_\_/

Mother's signature:	Father's signature:
Date:	Date:
Conse	nt of Proposed Guardian(s)
above. I agree to make necessary decisions Authorization and Consent by Parent(s).	bility for the minor who will travel with me during the period designated is and to provide consent for the minor as set forth in the above the applicable laws that the foregoing is true and correct.
Proposed Guardian's (1) Signature:	Date:
Proposed Guardian's (2) Signature:	Date: