AUTHORITY TO ACCOMPANY CHILD DURING TRAVEL

Name of Child: _____
Family Name First Name Middle Name

Address of Child: _____

Birthdate: _____ Birthplace: _____ Sex: _____

Name of Father and Mother:

_____

Address of Parents in Austria:

_____ Tel. No. _____

Name of Authorized Companion:

_____ Age: _____ Sex: _____

Relationship between Child and Companion: _____

Address of Authorized Companion:

_____ Tel. No. _____

AUTHORIZATION

I/We, _____, parent/s of _____ hereby authorize _____ to accompany my/our said child during his/her travel between the Philippines and Austria.

_____ _____

Date Signature of Parent/s

Please attach original and copy of passport of parent/s.

X ---------- X

EMBASSY OF THE PHILIPPINES
VIENNA, AUSTRIA

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ affiant/s exhibiting to me their/his/her Philippine passport no. _____ issued on _____ in _____.

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