

THIS FORM IS PROVIDED AS AN EXAMPLE FOR YOU TO REVIEW WITH YOUR FAMILY AND ADVISORS THAT YOU TRUST. THIS FORM CONVEYS EXTREMELY STRONG RIGHTS AND POWERS TO OTHER PEOPLE OVER YOUR PROPERTY, ASSETS, INCOME, LIABILITIES/DEBT, CHILDREN, AND MEDICAL CARE. THESE PEOPLE DO NOT HAVE SUCH RIGHTS UNTIL YOU GIVE THEM THE RIGHTS WITH THIS FORM. YOU SHOULD NOT FILL OUT THIS FORM OR COMPLETE IT WITHOUT SPEAKING WITH AN ATTORNEY AND RECEIVING ADVICE ABOUT THE POWERS THAT YOU ARE GIVING OTHER PEOPLE AND ITS LEGAL IMPACT.

YOU SHOULD NOT COMPLETE THIS FORM WITHOUT SIGNIFICANT THOUGHT AND ADVICE FROM EXPERTS. YOU ARE ADVISED TO SPEAK WITH AN ATTORNEY BEFORE COMPLETING IT TO FULLY UNDERSTAND ITS IMPACT UPON YOUR RIGHTS AND TO HAVE THEM ASSIST YOU IN COMPLETING THE FORM.

YOU SHOULD NOT COMPLETE THIS FORM UNTIL YOU FULLY UNDERSTAND IT AND ITS IMPACT UPON YOUR RIGHTS AND SPEAKING WITH AN ATTORNEY.

ESTE FORMULARIO SE PROPORCIONA COMO UN EJEMPLO PARA QUE USTED LO REVISE CON SU FAMILIA Y CON ASESORES DE SU CONFIANZA. ESTE FORMULARIO OTORGA DERECHOS Y PODERES MUY AMPLIOS A OTRAS PERSONAS SOBRE SU PROPIEDAD, BIENES, INGRESOS, OBLIGACIONES/DEUDAS, HIJOS Y ATENCIÓN MÉDICA. ESTAS PERSONAS NO TIENEN TALES DERECHOS HASTA QUE USTED SE LOS OTORQUE MEDIANTE ESTE FORMULARIO. NO DEBE LLENAR NI COMPLETAR ESTE FORMULARIO SIN HABLAR CON UN ABOGADO Y RECIBIR ASESORAMIENTO SOBRE LOS PODERES QUE ESTÁ OTORGANDO A OTRAS PERSONAS Y SU IMPACTO LEGAL.

NO DEBE COMPLETAR ESTE FORMULARIO SIN UNA REFLEXIÓN PROFUNDA Y SIN ASESORAMIENTO DE EXPERTOS. SE LE RECOMIENDA HABLAR CON UN ABOGADO ANTES DE COMPLETARLO PARA COMPRENDER COMPLETAMENTE SU IMPACTO EN SUS DERECHOS Y PARA QUE LE ASISTA EN SU COMPLETACIÓN.

NO DEBE COMPLETAR ESTE FORMULARIO HASTA QUE LO ENTIENDA COMPLETAMENTE Y COMPRENDA SU IMPACTO EN SUS DERECHOS, Y HASTA HABER HABLADO CON UN ABOGADO.

\_\_\_\_\_ (Initials Parent One) \_\_\_\_\_ (Initials Parent Two)

DECLARATION FOR PERMISSION FOR INTERNATIONAL  
TRAVEL FOR MINOR CHILD(REN)

**Parent One:**

I, \_\_\_\_\_, declare that I am the legal parent/guardian (natural \_\_\_\_\_) of \_\_\_\_\_, born \_\_\_\_\_ in \_\_\_\_\_.

My current address is:

\_\_\_\_\_.

My phone number is \_\_\_\_\_.

Check all of the following that apply:

\_\_\_\_\_ I am the only parent named on the child(ren)'s birth certificate.

\_\_\_\_\_ I am the only parent with legal custody of the child(ren).

\_\_\_\_\_ The other parent's location is unknown.

\_\_\_\_\_ The other parent is permanently residing in another country.

\_\_\_\_\_ (Initials Parent One) \_\_\_\_\_ (Initials Parent Two)

**Parent Two:**

I, \_\_\_\_\_, declare that I am the legal parent/guardian (natural \_\_\_\_\_) of \_\_\_\_\_, born \_\_\_\_\_ in \_\_\_\_\_.

My current address is:

\_\_\_\_\_.

My phone number is \_\_\_\_\_.

Check all of the following that apply:

\_\_\_\_\_ I am the only parent named on the child(ren)'s birth certificate.

\_\_\_\_\_ I am the only parent with legal custody of the child(ren).

\_\_\_\_\_ The other parent's location is unknown.

\_\_\_\_\_ The other parent is permanently residing in another country.

The child \_\_\_\_\_ was born in \_\_\_\_\_ on \_\_\_\_\_ and has a \_\_\_\_\_ passport number of \_\_\_\_\_.

\_\_\_\_\_ (Initials Parent One) \_\_\_\_\_ (Initials Parent Two)

The child(ren) is/are traveling with his/her/their passport.

The child may traveling to and be staying in any location to be authorized to travel under this document, on any date, with \_\_\_\_\_.

The Child is authorized to travel by Father with Mother, solely or jointly with Father, and is authorized to travel by Mother with Father, solely or jointly with Mother.

The Child is also similarly authorized to travel with adult(s) by the name of \_\_\_\_\_, who currently reside at \_\_\_\_\_.

There is no current estimated date of return.

The Parents of the child/children both consent to this travel, and consent to not having a return date scheduled or a specific date or location of travel set forth.

\_\_\_\_\_ (Initials Parent One) \_\_\_\_\_ (Initials Parent Two)

Signed by:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Notary Acknowledgment

Commonwealth of Pennsylvania  
County of Allegheny

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared Heidy Tatiana Lozano Guzman and Jordge Elias Losada Cedeno known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledged that he and she are authorized to execute the foregoing instrument.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ (Initials Parent One) \_\_\_\_\_ (Initials Parent Two)