SPECIAL POWER OF ATTORNEY

AFFIDAVIT OF SUPPORT AND CONSENT

(For passport and DSWD travel clearance applications of minor/s)

I/WE,		and	, both Filipino,	
and of legal a and presently	ige, with permanent addro	ess at	Philippines, lly sworn to in accordance	
	I am / we are the biologic or/s, namely:	cal parent/s exercising p	parental authority over	
	Full name	Date of Birth	Place of Birth	
O Th -4	1 // // 2			
at DI	T/ We have appointed _ FA and DSWD) to apply f el Permit of said minor/s;	or, claim, and receive th	(name of companion ne passport, and DSWD	
	That said minor/s will travel to (country of destination, this year with (name of travel companion);			
abov	 That I am / We are giving our full support and consent to the travel o abovementioned minor/s and assume any and all obligations consequen thereto; and 			
	I am / We are executir port and Consent to attes		of Attorney with Affidavit of ve statements.	
	NESS WHEREOF, I / We ine Embassy, Doha, State		nand this	
Signature over Printed name of FATHER Passport No. :		ER Signature ove	Signature over Printed name of MOTHER Passport No. :	
Date Issued:Place Issued:		Date Issued:	Date Issued:Place Issued:	
WITNESSES	:			