

**AFFIDAVIT OF SUPPORT AND CONSENT
WITH SPECIAL POWER OF ATTORNEY**

I, _____, female / male, of legal age, a _____ citizen, with residential address at _____ hereby declare under oath that:

1. I am the Father / Mother of the following minors, whose details are as follows:

Full Name	Date of Birth	Place of Birth
Full Name	Date of Birth	Place of Birth
Full Name	Date of Birth	Place of Birth
Full Name	Date of Birth	Place of Birth
Complete Address		

2. I am authorizing a person, Filipino / _____, of legal age, and with the following details to perform certain acts on my behalf:

Full Name	Relationship to the Undersigned
Address in the Philippines	Contact Number(s)

3. I am authorizing the above-mentioned person to:

- Apply for my child / children's passport in the Philippines;
- Accompany my child / children during the travel from _____ to _____;
- Secure a clearance from the Department of Social Welfare and Development (DSWD) for my unaccompanied minor child / children who will be travelling with the following details:

Date of Travel	Destination
Name of Travelling Companion	Relationship to the Undersigned

4. My child / children will be staying at:

Complete address

5. I assume full responsibility for allowing the trip of my aforementioned child / children and further assume any and all obligations consequent thereto; and

6. I am executing this Affidavit to attest to the truth of the foregoing statements.

IN WITNESS WHEREOF, I hereunto affix my signature this _____ in the City of Paris, France.

Printed Name and Signature of Affiant