

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

We, \_\_\_\_\_, female / male,  
and \_\_\_\_\_ female / male, of legal ages,  
\_\_\_\_\_ citizens, with residential address at \_\_\_\_\_  
\_\_\_\_\_ hereby declare under oath that:

1. We are 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. We are authorizing the following person, of legal age, \_\_\_\_\_ citizen and with the following details to perform certain acts on our behalf:

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

3. We are authorizing the above-mentioned person to:

- Apply for our child / children's passport in the Philippines;
- Accompany our child / children during the travel from \_\_\_\_\_ to \_\_\_\_\_;
- Secure a clearance from the Department of Social Welfare and Development (DSWD) for our 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. Our child / children will be staying at:

Complete address
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5. We assume full responsibility for allowing the trip of our aforementioned child / children and further assume any and all obligations consequent thereto; and

6. We are executing this Affidavit to attest to the truth of the foregoing statements.

IN WITNESS WHEREOF, we hereunto affix our signatures this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ in the City of Paris, France.

\_\_\_\_\_  
Printed Name and Signature of Affiant

\_\_\_\_\_  
Printed Name and Signature of Affiant