

International Legal Guardianship Consent

I,

(Full Name of Parent/Legal Guardian), born on

(Date of Birth), residing at

(Address), hereby grant consent for international legal guardianship as described below:

Minor's Information

Full Name:

Date of Birth:

Nationality:

Passport/ID Number:

Guardian's Information

Full Name:

Date of Birth:

Address:

Relationship to Minor:

Passport/ID Number:

Duration of Guardianship

From:

To:

Purpose of Guardianship

Special Instructions or Additional Information

Signature of Parent/Legal Guardian

Date:

Signature of Guardian

Date:

Witness (if required)

Name:

Signature:

Date:
