



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK, INDICATE N/A IF NOT APPLICABLE.
PROVIDING FALSE STATEMENT IS PUNISHABLE BY LAW (R.A. 8239)

Date:

Foreign Service Post: BERNE GENEVA

AFFIDAVIT OF CONSENT AND SUPPORT

I/ We, _____, citizen/s of _____, of
legal age/ single/ married to _____, and presently residing at
_____,
with passport number _____.

1. That I am/ we are the parents/s of the following minor/s;
_____, born on _____
_____, born on _____
_____, born on _____
2. That I am/ we are giving my/ our full consent for my/ our above mentioned child/
children to travel to _____ to be accompanied by
Mr./ Ms. _____.
3. That I will take full responsibility for all his/ her/ their expenses, subsistence and
accommodation throughout the duration of his/ her stay and ensure that he/ she/
they will not become a public charge while in _____.
4. That I am/ we are executing this affidavit for the purpose attesting to the truth of the
facts above stated and for the application for a travel clearance for my/ our
abovementioned child/ children with the Department of Social Welfare and
Development (DSWD).

IN WITNESS WHEREOF, I/ We hereby affix my/ our signature this _____
at the _____.

Signature of Affiant over Printed Name

Signature of Affiant over Printed Name

_____)
_____) **S.S.**
_____)

SUBSCRIBED AND SWORN to before me this _____ at the _____
affiant having exhibited to me his/ her _____(identification document) _____ issued in
_____ on _____ and valid until _____.

Date: _____

Service No.: _____

O.R. No.: _____

Fee Paid: _____

(seal)

Consul of the Republic of the Philippines