

**DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
FIELD OFFICE _____**

Name of Minor: _____
Age: _____ Date of Birth: _____
Address: _____
Local Phone No.: _____ Phone No. Abroad: _____
Address Abroad: _____
Status of Birth: _____ Legitimate Illegitimate

If adopted or under Legal Guardianship, please indicate Special Proceeding No. _____

PARENTS:

Father: _____ Age: _____ Occupation: _____ TIN: _____
Address: _____
Mother: _____ Age: _____ Occupation: _____ TIN: _____
Address: _____

TRAVELING COMPANION:

Name of Traveling Companion: _____
Address: _____

DESTINATION: _____

Length of Travel (Inclusive Date): _____

Reason for Travel Abroad (Reason/s for bringing minor)

Reasons why parents or legal guardian cannot accompany minor

Place where the minor intends to stay during his/her travel and with whom (please indicate names, complete address and phone numbers).

I hereby certify that the information given above are true and correct. I further understand that any misrepresentation that I may have made will subject me to criminal and civil action provided under existing laws.

Date

Signature Over Printed Name

Relationship to Minor

This portion is to be filled up by the Social Worker

Remarks to Applicable Documents

Travel Clearance for Minors Traveling Abroad

Date Reviewed: _____

Reviewed by: _____

Designation: _____