

home affairs

Department: Home Affairs REPUBLIC OF SOUTH AFRICA

SUGGESTED FORMAT: PARENTAL CONSENT AFFIDAVIT (CONSENT FOR PERSON UNDER THE AGE OF 18 TO TRAVEL TO OR FROM THE REPUBLIC)

I/We* hereby declare my/our consent that my/our daughter/son whose Unabridged Birth Certificate (UBC) or **Equivalent document is attached may travel to and from South Africa:

Surname:	Name:		Date of birth		
Identified by Passport no:		is travelling from			to
for the	period	to		20	****
and / or** is a student / cared for a	it				
situated at (address)					

. Contact number of learning institution/place of care: ____

The child is accompanied / will be received in South Africa by (delete appropriately):

Surname, Name			
Relationship			
Residential Address			
Work Address			
Contact No: Work	Mobile	Residence	
Attach copy of South African ID c	r if a foreign national attach passec	t and visa of person receiving the child in S	4

Mother:

menner.			
Surname, Name			
Residential Address			
10 C			_
Residential Address			
Work Address			_
Contact No: Work	Mobile	Residence	
Signature and date			
Attach conv of mother's ID or page	nort		

Attach copy of mother's ID or passport.

Father:

Surname, Name			
Residential Address			
(j			-
Work Address			
			-
Contact No: Work	Mobile	Residence	-
Signature and date		Troblachee	_
Attach copy of father's ID or page	nort		

Attach copy of father's ID or passport.

Legal Guardian:

Surname, Name			
Residential Address			
Work Address			
Contact no. Work	Mobile	Residence	
Signature			
Date			

Attach legal guardian's appointment letter or court order and ID or passport.

Copies of the following documents are attached:

Unabridged Birth Certificate (UBC) or Equivalent Document of child travelling

ID or Passport and Visa of person receiving child in the Republic

Court Order (where applicable)



Death Certificate (of any deceased parent reflected on the UBC or Equivalent Document)

ID or Passport of parent(s) or legal guardian(s)

Thus signed and **sworn/solemnly affirmed before me on this day of

OFFICE STAMP

Commissioner of Oaths

(May be attested free of charge at any embassy or mission of the Republic of South Africa)

First name(s): Surname: Capacity:

Place:

Contact Number:

*Both parents whose details appear on the UBC or Equivalent Document shall consent to the child's travel. Where only one parent's details appear, only such parent's consent is required.

**Delete whichever is not applicable.

***An Equivalent Document is any official document or letter issued by a foreign government (including a foreign embassy) or a letter issued by the Director-General of the Department of Home Affairs in lieu of an unabridged birth certificate and which serves as a confirmation of parentage of a person below the age of 18.

****This document remains valid only for the period stipulated.

