SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:			
That I,(first name, middle name, last name)		citizen, of legal age	e and
resident of(complete address)		_ do hereby appoint, n	ame
and constitute	,(his/her citizens/	citizen, of legal hip)	age,
and resident of			
Philippines, to be my true and lawful attorney-in-fact/rep			ead, and on my
behalf to do and execute any or all of the following acts,	deeds, and things, to	wit:	•
[] Accompany my minor child(ren)/ward(s) whose nar	ne/s below in applying	g for a Philippine Passr	oort
at the Department of Foreign Affairs of the Philippin	es;		
[] Apply P/ren's/ward's passport and visa applications	S .		
Name(s) of my minor child(ren)/ward(s):			
Name:	Birthday:		
Name:	Birthday:		
Name:	Birthday:		
☐ for month(s) / year(s) ☐ until the completion of the object or purpose above-s ☐ until revoked IN WITNESS WHEREOF, I have hereunto set my ha		day of	,20
in			
		Principal	
	(1	Full Name and Signature)	
Republic of the Philippines) S.S			
BEFORE ME, personally appeared:			
Name CTC Number	Date	e/Place Issued	
Known to me and to me known to be the same person me that the same is their free and voluntary act and dee		regoing instrument and	d acknowledged to
WITNESS MY HAND AND SEAL, on the date and place	e first above written.		
Doc. No; Service No; O.R No; Fee Paid;	Notary Public		

Series of 20

AFFIDAVIT OF SUPPORT AND CONSENT

		, Filipino, of legal age and presently residing
After having been duly sworn to in a	(full address)	epose and state that:
1. I am the mother/ father/ court-app	pointed legal guardian of the fo	ollowing child(ren):
•	born on	in
•	born on	in
		in
2. I am giving my consent for the sa	id child(ren) to travel abroad a	ccompanied by
(na	ame of accompanying adult)	;
3. I am paying for the expenses of the	neir travel;	
4. I am financially capable to provide	e for their accommodation, sus	stenance and support during their sojourn;
5. I guarantee that they will not viola	ite any law of their destination	country;
		I's application for passport at the Department of cial Welfare and Development for travel abroad.
at(Embassy or Consulate, if abroad	have hereunto signed my nan Philippines.	ne thisday of
		Affiant (Full Name and Signature)
Republic of the Philippines)		
BEFORE ME, personally appeared:		
Name	CTC Number	Date/Place Issued
Known to me and to me known to be me that the same is their free and vo		ted the foregoing instrument and acknowledged to
WITNESS MY HAND AND SEAL, or	n the date and place first abov	ve written.
Doc.No; Service No; O.R. No; Fee Paid; Series of 20;	Nota	ary Public