



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 at _____

_____ 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 or if a foreign national attach passport and visa of person receiving the child in SA.

Mother:

Surname, Name		
Residential Address		
Residential Address		
Work Address		
Contact No: Work	Mobile	Residence
Signature and date		

Attach copy of mother's ID or passport.

Father:

Surname, Name		
Residential Address		
Work Address		
Contact No: Work	Mobile	Residence
Signature and date		

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
.....20.....**

.....
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, which may not exceed six (6) months.*

OFFICE STAMP