## TRAVEL AUTHORIZATION

RE: NAME OF MINOR(S)	_ DOB:	OF MINOR(S)
I, <u>(Service Members name)</u> a moresiding in Victoria, British Columbia, Canado (child/children's)nor "Children").	la, declare that I am the	(father/mother) of
I hereby give my consent for the Child (or Coname) period of(dep 2015.		
This Travel Authorization is made voluntarily	/ and with full consent o	f the undersigned.
Dated at Victoria, British Columbia, this	day of	2015.
SWORN/DECLARED BEFORE ME  at the City of Victoria, in the Province of British Columbia, this day of, 2015.	Service Mbrs	s Name
Insert Officer's Name (any REG Force office Insert Officer's Address	?r)	
PO Box 17000 Stn Forces Victoria BC V9A 7N2 250-363-4260 Commissioner for the Taking of Oaths and Affidavits the Province of British Columbia	in	