International Minor Consent Travel Form: Notarized Formulario de viaje internacional de consentimiento de menores: notariado

| To Whom It May Concern: | | |
|--|--|------------------------|
| I/We,(Full Name(s) of Custodial and/or Non-Custodi | ial Parent(s)/I egal Guardian(s)) | |
| | (,, | |
| am/are the lawful custodial parent and/or non- | custodial parent(s) or legal guar | dian(s) of: |
| Child's full name: | | |
| Date of Birth: | | |
| Place of Birth: | | |
| U.S. Passport Number: | | |
| Date and Place of Issuance of U.S. Passport:_ | | |
| | | ,(Child's Full Name |
| has my/our consent to travel with: | e of accompanying person with | passport number: |
| Marcus Martinez : passport number 647095 | 316, USA, expires 17 NOV 202 | 29 |
| Rebecca Singley: passport numer 58121236 | 64, USA, expires 06 Feb 2028 | |
| to travel to: MEXICO | during the period of: 06 A | APR 2022 - 11 APR 2022 |
| During that period, | | (Child's Name) |
| will be residing withMarcus Martinez and/or | Rebecca Singley at the following | owing address: |
| Number/Street: 22794 Lengueta Arena | as, Baja CA, Mexico. | |
| Telephone (work, cell phone and residence): | residence - <u>+52 646 185 1157</u> cell - +1 619-6550321 | |
| Parent(s) or Legal Guardian(s): | | |
| Full Name: | - | |
| Signature: | Date: | |
| Full Name: | - | |
| Signature: | Date: | |

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| State of CALIFORN | AIA | | |
|----------------------|---------------|--------------------|--|
| County of | | | |
| On | , 20 | before me, _ | (name and title of officer), |
| personally appeare | ed | | , |
| who proved to me | on the basis | s of satisfactory | evidence to be the person(s) whose |
| name(s) is/are sub | scribed to t | he within instrun | nent and acknowledged to me that she/ |
| she/they executed | the same ir | n his/her/their au | thorized capacity(ies), and that by his/her/ |
| their signature(s) o | n the instru | ment the persor | n(s), or the entity upon behalf of which the |
| person(s) acted, ex | recuted the | instrument. | |
| I certify under PEN | ALTY OF F | ERJURY under | the laws of the State of California that the |
| foregoing paragrap | h is true ar | d correct. | |
| WITNESS my hand | d and officia | al seal. | (Seal) |
| Signature | | | |
| Print Name | | | |