

AFFIDAVIT: TRAVEL COMPANION FOR MINOR CHILD
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (CNMI)
(SAIPAN, TINIAN, ROTA)

TRAVELER INFORMATION (MINOR CHILD)

NAME: _____ SEX: _____

BIRTHDATE: _____ PASSPORT NO: _____

DATE OF ENTRY TO CNMI: _____

REASON FOR ENTRY INTO THE CNMI: _____

LOCAL TRAVEL AGENT (OR CONTACT PERSON IN CNMI): _____

ADDRESS: _____

HOTEL (OR ACCOMMODATION IN CNMI): _____

ADDRESS: _____

CONSENT FROM PARENTS OR GUARDIAN

(INDIVIDUALS TRAVELING WITH MINORS NOT HAVING THE SAME SURNAME)

1. MY DAUGHTER / SON INTENDS TO STAY IN THE CNMI FOR _____ DAYS;
2. MY DAUGHTER / SON IS TRAVELING TO THE CNMI WITH _____, WHO WILL ARRIVE IN THE CNMI AND DEPART FROM THE CNMI AT THE SAME TIME AND ON THE SAME FLIGHT.
3. I, _____ AS THE PARENT OR REPRESENTATIVE PARENTAL GUARDIAN DO HEREBY ATTEST TO AND INFORM YOU THAT MY DAUGHTER'S / SON'S GUARDIAN FOR THIS TRAVEL IS AS FOLLOWS:

(PARENTAL GUARDIAN): _____

-RELATIONSHIP: _____

-ADDRESS: _____

-CONTACT PHONE NUMBER: _____

PASSPORT NO: _____

SIGNATURE OF AFFIANT (PARENT) _____ / DATE _____

PARENT'S IDENTIFICATION

-ADDRESS: _____

-CONTACT PHONE NUMBER: _____

-FAX NO: _____

■ *Please send the complete Application to +1 (670)664-3190*

CNMI AIRPORT PHONE (670)664-3131 / 3132
CNMI IMMIGRATION OFFICE FAX (670)664-3190
CNMI IMMIGRATION OFFICE PHONE (670)236-0922

REV 060408