



PARENTAL AUTHORIZATION

To be completed for EVERYONE under the age of 18

THIS FORM MUST BE NOTARIZED!

Missionary Full Name: _____ **Date of Birth:** __/__/____

This release shall be binding upon the distributes, heirs, next of kin, executors, and administrators of my/our child and myself. In signing the preceding consent and release, I/we hereby acknowledge and represent:

- a) That I/we have ready the preceding consent and release, understand it, and have voluntarily signed.
- b) That I/we am/are over the age of 18 and am/are of sound mind.
- c) That I/we have had the opportunity to consult with legal counsel regarding the effect of the preceding consent and release, and this authorization, should I/we so desire.

DO NOT SIGN THIS IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS OR THE TERMS OF THE PRECEDING CONSENT AND RELEASE.

****If both parents share legal custody of the minor missionary, both parents' signatures are required.**

****If only one parent possesses legal custody of the minor missionary, the signature of that parent is required, as well as a notarized copy of a legal document evidencing the custody arrangement/agreement, or a notarized copy of a death certificate for a deceased parent.**

****If you are the legal guardian(s) of the minor missionary, a signature is required, as well as a notarized copy of the legal document evidencing the legal guardianship.**

THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Printed Name _____ Signature _____ Date signed: __/__/____

Printed Name _____ Signature _____ Date signed: __/__/____

FOR NOTARY USE:

State of _____, County of _____.

Signed or attested before on the _____ day of _____, 20.

Notary Public _____ Commission expiration: __/____/____