



## **AFFIDAVIT OF UNDERTAKING**

I/We	_										and
					of I	egal	age,			(civil	status)
			(na	tionality)	and		a	a	reside	∍nt	of
									and with	ı Foster	Care
Licens	se No.			\	/alid on:_				with Fo	oster Plac	cement
Autho	rity	No:			alid or	า:				_ and	
no				after havi	ng been s	sworn to	o in ac	cordanc	e with the	law do	hereby
	se and				-						
1.	That	I am	/we ar	e the foster fa		er and	or pe	rson exe	ercising pa	arental au	uthority
	over			minor(s	5)						,
						·					
^	Th -4	41	-/اء !! ءا /ء	النبي مصاماتا					1.	···	£ 4
2.			chiid/c	children will t	ravel to _				(0		
	follov	ving								re	eason/s
									·		
3.	That		the	mentioned	child	d/childre	an a	will	be	leaving	on
	mat										_
	of						C Stay	to	be	-	panied
									of compa		•
				(re			or)	_(1141110	or comp	arnorry a	iid tiic
				(10	iationsinp	, 10 111111	01).				
4.	That the travel expenses and other needs of the child/children will be shouldered by										
	(name & relationship to the										
	child/children)										
	- ··- · · · ·										
5.	That I/We take full responsibility in personally presenting the child/children within 5										
	days upon return from the travel to the DSWD Field Office MIMAROPA for post-travel										
	assessment of the social worker pursuant to A.O 12, series of 2017 or the Omnibus										
	Guidelines on Minors Travelling Abroad.										
	O a.a.	00		more maveum	197101040	<b>.</b> .					
6.	That	this	affidavi	it was execute	ed for the i	ourpose	e of att	testina ta	the truth	of the for	egoing
				atever legal p							- 9 - 11 - 9
						,					
IN W	ITNES:	S HI	EREOF	, I have here	eunto set	my ha	nd thi	is th	day of	, 20	) in
				hilippines.		,			, –		
			FAT	HER					MOTHE	R	
Subsc	ribe and	d swa	orn to b	efore me	)						
Notary	/ Public	0									
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Series	No										
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