

Travel Document

The Municipality of: _____
The Social Administration

Date:

Denmark.

Regarding: _____
Social Security Number: _____
Son/daughter of: _____
Legal Foster Parents: _____

The Municipality of _____ – the Social Administration, Denmark, hereby confirm that:

Name: _____
Passport number: _____

is a foster child in the permanent care of:

Name: _____
Passport number: _____

The municipality supervises the foster parents and provides financial aid for the aforementioned foster child.

The Municipality of _____ permits that the foster child travels with his foster parents on vacation

Sincerely

Team Manager

Social Consultant
