



Unaccompanied Minor Request for Carriage/Handling Advice

Full Name of Minor: _____ Age: _____ Sex: _____

Permanent Address and Telephone Number of Minor

Address: _____

Phone Number: _____

Person placing minor on aircraft

Name: _____ Phone Number: _____

Address: _____ Signed: _____

Person meeting minor off aircraft

Name: _____ Phone Number: _____

Address: _____ Signed: _____

Signature for the release of the minor from the airline's custody: _____

Flight Details

Flight No.: _____ Date: _____ From: _____ To: _____

I certify that the information above is accurate and agree to and request the unaccompanied carriage of the minor named above.

Signed: _____ Date: _____

Effective	Uncontrolled Form	Page 1 of 2
05/05/2015	<i>To be retained for 3 years from date of completion</i>	