To Whom It May Concern: I, Leonel Osvaldo Alcaino Gonzales (Father)

A quien corresponda: Yo, (Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

soy el padre con custodia legal y / o el padre de custodio o tutor de

Child's full name: Lucas Mathew Alcaino Campos

Nombre Completo del Nino/a:

Date of Birth: October 2th, 2002

Dia de Nacimiento:

Place of Birth: Birmingham, Alabama, USA

Lugar de Nacimiento:

U.S. Passport Number: [redacted]

Numero de Pasaporte de EE.UU:

Date and Place of Issuance of U.S. Passport: July 12, 2011. Birmingham, Al USA

Fecha y Lugar de Emisión de Pasaporte EE.UU:

Lucas Mathew Alcaino Campos, has my consent to travel with:

(Child's Full Name)(Nombre Completo de Nino/a) ,tiene mi consentimiento para viajar con:

Full name of accompanying person: Fanny Gioconda Campos Perez (Mother)

Nombre completo de la persona que acompaña:

U.S. or foreign passport number: [redacted]

Número de EE.UU. o pasaporte extranjero

Date and Place of issuance of this passport: May 31 2013

Fecha y lugar de expedición de este pasaporte:

to visit Santiago, Chile during the period of March 23 – April 4, 2016.

Para visitar (Name of Foreign Country) durante el periodo de (Dates of Travel: Departure and Return)

During that period, Lucas Mathew Alcaino Campos will be residing with

Durante este periodo, (Child's Name) residera con

Fanny Gioconda Campos Perez (Mother) at the following address:

(Name of Person Who Child will be Residing With in Foreign Country) en la siguiente dirección:

Number/street address and apartment number: Eyzaguirre 1140 Torre D, Dept 204, Santiago Centro, Chile

Numero/dirección de la calle y numero del apartamento:

City, State/Province, Country: Santiago, Chile

Ciudad, Estado / Provincia, País:

Telephone and fax numbers (work, cell phone and residence) [redacted]

Teléfono y fax (trabajo, teléfono celular y residencia)

Signature: Leonel Alcaino Date: 1/11/16

Firma: (Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian) Dia:

Full Name: Leonel O Alcaino Gonzales (Father)

Nombre Completo:

Signature: Fanny Campos Date: 1-11-16

Firma: (Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian) Dia:

Full Name: Fanny Campos Perez (Mother)

Nombre Completo:

Signed before me, Mac Wig,

Firmado frente a mí, (Full Name of Witness)

this 1/11/16 (Date) at Kgs Book (Name of Location) en este.

Signature:_____

Firma:

MY COMMISSION EXPIRES APRIL 29, 2019

20160125000023370 2/2 $17.00
Shelby Cnty Judge of Probate, AL
01/25/2016 08:11:09 AM FILED/CERT