



Parental Consent To Interview Minor Witness

Case Number: _____ Investigator: _____

Minor Witness		
Name	Age	Date of Birth

I/We do hereby certify that I/We am/are the Legal Parent(s) / Guardian(s) of the child whose name is listed above. I/We have full authority to consent to an investigation interview by an Investigator Representative of the Mutual UFO Network, Inc. for the purpose of investigating an alleged UFO sighting experienced by the minor child named above. I/We understand that the Mutual UFO Network, Inc. will protect the identity and will not release to the public any information which would reveal the identity or residency location of the minor child named above. I/We consent to the interview of the minor child named above. I/We understand that this interview may be recorded on audio tape and/or video tape, and that the minor child may be photographed for the confidential file on this case. I/We understand that this Consent shall remain active until the conclusion of this investigation; however, I/We understand that this Consent may be canceled for cause (without penalty) by notifying the Lead Investigator named at the top of this form. I/We further understand that the witness identity protection shall remain in place forever unless canceled by the witness once he/she reaches legal age (as defined by state or federal statutes).

I certify that I am an adult, and a legal parent or guardian of the child named above	
Printed Name of Parent1 / Guardian1: _____	
Signature of Parent1 / Guardian1 _____	Date _____
I am the Sole Parent or Legal Guardian of this minor child: Yes: _____ No: _____ (initial one)	
I certify that I am an adult, and a legal parent or guardian of the child named above	
Printed Name of Parent2 / Guardian2: _____	
Signature of Parent2 / Guardian2 _____	Date _____

For MUFON Investigator
Use a separate form for each minor child. Have the Parent(s) or Guardian(s) sign two copies of this form for each minor child. One copy is to be retained by the Investigator and attached to the Investigator's report, and the second copy is to be retained by the Parent(s) or Guardian(s). Provide the Parent(s) or Guardian(s) with your contact information. If you have questions about the use of this form, please contact your State Director.