Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT OF THE JUDICIAL DISTRICT

OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| In the Matter of  ,  DOB:  a Minor. | Case No.:    CONSENT TO APPOINTMENT  OF GUARDIAN |

1. I am the  mother  father of the minor and consent to the appointment of a guardian for the minor.

2. I   renounce the right to nominate a guardian. **or**

nominate the following person to serve as guardian:

(Name of Person)

(Address)

.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Signature

Typed/Printed Name Mailing Address

City, State, Zip

Telephone Number