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.:    NOMINATION BY A MINOR |

1. I am the above named minor.

2. I am fourteen (14) years of age or older.

3. I nominate as my guardian.

**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:

Typed/Printed Name Signature