Print Form

NATURAL GUARDIAN AFFIDAVIT

State of _____

County of _____

Name

First _____ Middle _____ Last _____

being duly sworn before me, _____, authorized

by the laws of _____

(State or, if by CACO, United States):

to administer oaths, say that-----

Name of Minor Last _____ First _____ Middle _____

Name of Minor Last _____ First _____ Middle _____

(is) (are) in (his) (her) actual custody; that (he) (she) is the natural guardian of said minor (s); that (he) (she) is related to said minor (s) by reason of being (his) (her) (their) -----

_____

(Relationship, e.g. father, mother, etc.)

that no legal guardian of said minor (s) has been appointed nor is such an appointment contemplated; and that any amount paid to (him) (her) will be held for or applied to the use or benefit of said minor (s).

_____

(Signature)

Subscribed and sworn to (or affirmed) before me this _____ day of _____ A.D. _____ .

_____

(Signature, Grade, SSN)

Reset Form