

Custodial Guardianship Affidavit

State of:

County of:

I, , being duly sworn, do hereby affirm that I am the legal guardian of , born on .

My relationship to the minor is:

Guardian's Address

Details of Guardianship

This custodial guardianship was established on by (Name of Court or Authority):
.

Purpose of Affidavit

This affidavit is provided to confirm legal guardianship of the above-named minor for the purposes of .

Signature

Printed Name:

Signature:

Date:

Notary Public

State of:

County of:

Subscribed and sworn to before me on this day of , 20 .

Notary Public Signature:

My commission expires: