

# 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: