

Parental Consent to Emancipation

Date:

I/We, (Parent/Guardian Name(s)), residing at (Address), am/are the parent(s) or legal guardian(s) of (Minor's Full Name), born on (Date of Birth).

I/We hereby give our full consent for the above-named minor to petition for emancipation in accordance with applicable state laws.

Parent/Guardian Information

Parent/Guardian 1 Name:

Signature:

Date:

Parent/Guardian 2 Name:

Signature:

Date:

Minor's Information

Minor's Name:

Signature:

Date:

Notary Public

State of , County of

Sworn to and subscribed before me on this day of , (year).

Notary Public Signature:

My Commission Expires: