
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.: _____
CONSENT TO APPOINTMENT
OF GUARDIAN

1. I am the mother father of the minor and consent to the appointment of a guardian for the minor.
2. I renounce the right to nominate a guardian. **or**
 nominate the following person to serve as guardian:
(Name of Person) _____
(Address) _____
_____.

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: _____

Signature

Typed/Printed Name

Mailing Address

City, State, Zip

Telephone Number