

\_\_\_\_\_  
Full Name of Party Filing this Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone Number

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.: \_\_\_\_\_

SWORN CONSENT TO  
APPOINTMENT OF  
GUARDIAN

STATE OF \_\_\_\_\_ )  
: ss.  
County of \_\_\_\_\_ )

I swear under oath

1. I, am the [ ] mother [ ] father of the minor and consent to the appointment of a  
Guardian for the minor.

2. I, a. [ ] renounce the right to nominate a Guardian. **or**  
b. [ ] nominate \_\_\_\_\_, whose address is  
\_\_\_\_\_, to serve as Guardian.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Typed/ Printed Name of Person signing this Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone Number

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Residing at \_\_\_\_\_  
My commission expires: \_\_\_\_\_