

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

GUARDIANSHIP

AFFIDAVIT OF CONSENT OF CHILD 14 YEARS OF AGE OR OLDER

Petitioner

Respondent

Name	Name	File Number
Street Address	Street Address	
P.O. Box Number	P.O. Box Number	Case Number
City/State/Zip Code	City/State/Zip Code	
Date of Birth	Date of Birth	

2nd Petitioner (if any)

2nd Respondent (if any)

Name	Name
Street Address	Street Address
P.O. Box Number	P.O. Box Number
City/State/Zip Code	City/State/Zip Code
Date of Birth	Date of Birth

BE IT REMEMBERED, that on this date, _____, _____
("Child"), who, being duly sworn by me according to the law personally appeared before me, a Notary Public
for the State and County declared above, did depose and say:

- 1) I hereby agree that the above named Petitioner(s) shall be my guardian(s).
- 2) I understand that as my guardian(s), the Petitioner(s) shall protect, manage and care for me as a parent would and that they shall make decisions regarding my care.

SWORN TO AND SUBSCRIBED
before me this date,

Notary Public/Clerk of Court

Affiant