Form 202 (Rev. 10/10)

## The Family Court of the State of Delaware In and For New Castle Kent Sussex County

## **GUARDIANSHIP** AFFIDAVIT OF CONSENT OF A CHILD'S PARENT

Petitioner		Respondent	
Name		Name	File Number
Street Add	dress	Street Address	
P.O. Box	Number	P.O. Box Number	Case Number
City/State	/Zip Code	City/State/Zip Code	
Date of Bi	rth	Date of Birth	
2 <sup>nd</sup> Per	titioner (if any)	2 <sup>nd</sup> Respondent (if any)	
Name		Name	
Street Add	dress	Street Address	
P.O. Box Number		P.O. Box Number	
City/State/Zip Code		City/State/Zip Code	
Date of Bi	rth	Date of Birth	
("Affiar	BE IT REMEMBERED, that on this date,,		
	Child's Date of Birth:		
2)	I hereby agree that the above referenced Petitioner(s) shall become the guardian(s) of this child. As guardian, the Petitioner(s) shall protect, manage and care for this child.		
3)	I understand that I shall have the primary responsibility to support this child financially and that this child will have the right to inherit from me and I will have the right to inherit from the child.		
4)	I understand that my visitation and contact with the child shall be that which is set forth in a Court Order or a Consent Order entered into by all parties to this matter.		
	RN TO AND SUBSCRIBED me this date,		
		Affia	int
	Notary Public/Clerk of Court	<u> </u>	