Full Name of Party Filing this Document	
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City, State and Zip Code	
Telephone number	
IN THE DISTRICT COURT OF THE STATE OF IDAHO, IN AND FOR THE C	JUDICIAL DISTRICT OF THE
IN THE MATTER OF:	Case No.
A Minor Child Under the Age of 16 Years.	PETITION FOR ORDER ALLOWING MINOR TO MARRY
STATE OF IDAHO ) ) ss County of)	
I/We,	and
	arent(s) [ ] legal guardian(s) of (full legal name), who is under the age of sixteen
(16) years, petition the court for an order grantin	ng permission for said minor to marry (full legal
	DAVIT
I/We swear under oath:	
	, was born
(month/day/year)	
I/we believe it is in the best interest of	
and	to marry, and we believe it is
in the best interest of society that the marriage b	be permitted. A copy of my/our sworn consent to

this marriage is attached to this Petition. I/we believe said minor is physically and mentally developed so as to assume full marital and parental duties. A written statement of a licensed physician that it is his/her opinion as an expert that (minor's name) is sufficiently developed mentally and physically to assume full marital and parental duties is filed herewith. 1 It is in consultation with both families that the decision has been reached that it would be best to allow \_\_\_\_\_ DATED: \_\_\_\_\_ Signature of Parent or Legal Guardian DATED: Signature of Parent or Legal Guardian SUBSCRIBED AND SWORN to before me on this date: Notary Public for Idaho Residing at Commission Expires

## CONSENT BY PARENTS FOR MINOR TO MARRY

I/We,	and
	_, the [ ] parent(s) [ ] legal guardian(s) of <i>(full legal</i>
name)	, who was born
	, hereby give our free
consent to the marriage of	
and	
Signature of Parent or Legal Guardian	Signature of Parent or Legal Guardian
STATE OF) : ss	
County of)	
On the day of Public, personally appeared	,, before me, a Notary
known or identified to me to be the person instrument, and acknowledged to me that s	whose name is subscribed to the within or foregoing
instrument, and acknowledged to me that s	The executed the same.
	Notary Public for
	Residing at Commission expires:
STATE OF) : ss	
County of)	
On the day of	,, before me, a Notary
known or identified to me to be the person instrument, and acknowledged to me that s	whose name is subscribed to the within or foregoing /he executed the same.
	Notary Public for
	Residing atCommission expires:
	Commission expires: