

NOTARIZED AND VERIFIED CONSENT OR NOMINATION BY MINOR	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> First Name Middle Name Last Name </div> Minor	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">_____</div> <div style="text-align: right;">Division</div>	

I, _____ (full name of minor) am 14

First Name
Middle Name
Last Name

years of age or older and I:

☐ **Consent** to the appointment of _____

First Name
M.I.
Last Name

(full name) as my guardian(s) pursuant to G.L. c. 190B, § 5-203.

☐ **Consent** to the appointment of _____

First Name
M.I.
Last Name

(full name) as my guardian(s) pursuant to G.L. c. 190B, § 5-203.

☐ **Do not consent** to the appointment of _____

First Name
M.I.
Last Name

(full name) as my guardian(s) pursuant to G.L. c. 190B§ 5-203.

☐ **Do not consent** to the appointment of _____

First Name
M.I.
Last Name

(full name) as my guardian(s) pursuant to G.L. c. 190B§ 5-203.

☐ **Nominate** _____ (full name), as my

First Name
M.I.
Last Name

guardian(s) pursuant to G.L. c. 190B, §5-207.

☐ **Nominate** _____ (full name), as my

First Name
M.I.
Last Name

guardian(s) pursuant to G.L. c. 190B, §5-207.

VERIFICATION AND ACKNOWLEDGMENT

I swear/affirm under oath that I have read the foregoing Consent or Nomination by Minor and that the statements set forth therein are true and correct to the best of my knowledge.

Date _____

Signature of Minor

(Address) (Apt, Unit, No. etc.)

(City/Town) (State) (Zip)

Primary Phone #: _____

NOTARIZATION

_____, SS Date _____

On this _____ day of _____, 20____, _____ personally appeared before me, the undersigned notary public, and proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document in my presence.

Signature of Notary Public

(Print name)

My Commission Expires