

NOTARIZED AND VERIFIED CONSENT OR NOMINATION BY MINOR			Docket No.		Commonwealth of Massachusetts The Trial Court Probate and Family Court	
In the Interests of: _____ First Name Middle Name Last Name				 _____ Division		
Minor						

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