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

Minor

_____ **Division**

I, _____ First Name _____ Middle Name _____ Last Name (full name of minor) am 14 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.

click to add click to remove

☐ **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.

click to add click to remove

☐ **Nominate** _____ First Name _____ M.I. _____ Last Name (full name), as my guardian(s) pursuant to G.L. c. 190B, §5-207.

click to add click to remove

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

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