NC	TARIZED WAIVER AND CONSENT TO PETITION FOR GUARDIANSHIP OF MINOR	Docket No.		The 7	h of Massachusetts Frial Court nd Family Court		
n the Interests of:					Division		
Mino		st Name	-				
ST	ATE THAT:						
1.	I am the mother the father a person of the above-named minor	interested as					
2.	I acknowledge that a Petition for Guardianship of Mi	inor requesting th	he appointme	ent of (name)			
	First Name	M.I.		Last N	lame		
	as guardian(s) of the person of the above-named m	inor has been or	will be filed.				
3.	I understand that if the court appoints a temporary gextended for additional 90 day periods.	guardian, the gua	ardianship v	will continue fo	or 90 days and can be		
4.	I understand that if the court appoints a permanent of age 18 or upon marriage, or until otherwise terminates			rill continue unt i	I the minor attains		
5.	I understand if the court appoints a temporary or per otherwise have an obligation to do so under the law		n, I may be r	required to pay	child support, if I		
By si	gning this document, I consent to this guardianship a	nd waive my righ	nts to notice	of hearings as r	required by the statutes.		
Signature of Father or Interested Person			Signature of Mother or Interested Person				
(Print name)			(Print name)				
	(Street address) (Apt, Unit, No. etc	C.)	(Stree	et address)	(Apt, Unit, No. etc.)		
	(City/Town) (State) (Zip)		(City/To	own)	(State) (Zip)		
Date		Date _					
	NO	TARIZATION					
	, SS		Date				
On	this day of , ;	20 ,		F	personally appeared		
befo	ore me, the undersigned notary public, and proved to , to be the pe	•	-		cation, which was ng or attached document		
in m	ny presence.						
			Signat	ture of Notary Public			
				(Print name)			
				ommission Expires			

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					In			
					Docket No.			
n the Interests of:		First Name	Middle Name	Last Name	_			
			NOTARIZATION					
		_ , ss		Date				
On this	_ day of		, 20 ,		personally appeared			
before me, the und	dersigned	notary public, an	d proved to me through s	atisfactory evidence of	identification, which was			
		,	to be the person whose n	ame is signed on the p	preceeding or attached document			
in my presence.								
				Signature of Notary Public				
				(Print nam	ne)			
			-	My Commission	n Expires			