**The Family Court of the State of Delaware**



In and For  New Castle County  Kent County  Sussex County

## STANDBY GUARDIANSHIP

## AFFIDAVIT OF CONSENT OF CHILD 14 YEARS OF AGE OR OLDER

*Petitioner Respondent*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Name |  | File Number |
|  |  |  |  |  |
| Street Address (including Apt) |  | Street Address (including Apt) |  |  |
|  |  |  |  |  |
| P.O. Box Number |  | P.O. Box Number |  | Petition Number |
|  |  |  |  |  |
| City/State/Zip Code State Zip Code |  | City/State/Zip Code |  |  |
|  |  |  |  |  |
| Date of Birth |  | Date Date of Birth |
|  |  |  |

*2nd Petitioner (if any) 2nd Respondent (if any)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
|  |  |  |  |
| Street Address (including Apt) |  | Street Address (including Apt) |  |
|  |  |  |  |
| P.O. Box Number |  | P.O. Box Number |  |
|  |  |  |  |
| City/State/Zip Code |  | City/State/Zip Code |  |
|  |  |  |  |
| Date of Birth |  | Date of Birth |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| BE IT REMEMBERED, that |  | , (“Child”), on this date |  |

being duly sworn by me according to the law, personally appeared before me, a Notary Public for the State and County declared above, did depose and say:

|  |  |  |  |
| --- | --- | --- | --- |
| 1) I hereby agree that |  | | shall be my standby guardian(s) |
| 2) I understand that as my standby guardian(s), | |  | |
| shall protect, manage and care for me as a parent would and they shall make decisions regarding my | | | |
| care upon the occurrence of my parent(s)/ guardian(s) death, incapacity, or debilitation. | | | |

|  |  |  |
| --- | --- | --- |
| SWORN TO AND SUBSCRIBED |  |  |
| before me this date, |  |  |
|  |  |  |
|  |  |  |
|  |  | Affiant |
|  |  |  |
| Notary Public/Clerk of Court |  |  |