



**SELECTION OF LIMITED GUARDIAN BY MINOR**

\_\_\_\_\_, the within named minor, over 14 years of age, hereby requests that \_\_\_\_\_, may be appointed as h\_\_\_\_ Limited Guardian for the sole purpose of SCHOOL REGISTRATION and/or MEDICAL INSURANCE COVERAGE.

\_\_\_\_\_  
(Minor's signature)

\_\_\_\_\_  
(Address)

**CONSENT TO APPOINTMENT OF LIMITED GUARDIAN**

I, \_\_\_\_\_, natural father and \_\_\_\_\_, natural mother, of \_\_\_\_\_, minor, ; hereby consent to the appointment of \_\_\_\_\_ as Limited Guardian.

The foregoing is made under oath and affirmation and its representations are true and correct to the best knowledge and belief of the undersigned, subject to the penalties for making a false affidavit or declaration.

\_\_\_\_\_  
\_\_\_\_\_  
**ATTACH AFFIDAVIT AS TO ANY PARENT WHOSE WHEREABOUTS ARE UNKNOWN.**

In the Matter of  
\_\_\_\_\_  
Minor

# \_\_\_\_\_

**AFFIDAVIT OF PARENT WHOSE WHEREABOUTS ARE UNKNOWN**

\_\_\_\_\_, HEREBY AFFIRMS AN OATH AS  
FOLLOWS: (Describe what actions were taken to try to locate the  
parent whose whereabouts are unknown)

\_\_\_\_\_  
Signature of Petitioner(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Phone Number

Notary Public Embosser Seal STATE OF COUNTY OR (CITY OF ST. LOUIS

\_\_\_\_\_  
SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ USE RUBBER STAMP IN  
CLEAR AREA BELOW

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
DATE COMMISSION EXPIRES

\_\_\_\_\_  
NOTARY PUBLIC NAME (TYPE OR (PRINT)