



IN THE  
**ELEVENTH JUDICIAL CIRCUIT**  
 STATE OF MISSOURI

PROBATE DIVISION  
 300 N 2<sup>ND</sup> STREET, ROOM 512  
 ST. CHARLES, MO

IN THE MATTER OF

\_\_\_\_\_ # \_\_\_\_\_  
 MINOR

**PETITION FOR APPOINTMENT OF LIMITED GUARDIANSHIP OF MINOR**

Comes now \_\_\_\_\_ and states that:

\_\_\_\_\_  
 (Name) (Date of Birth) (Domicile) (Present Address)

Is located in St. Charles County Missouri.

The reason for which the appointment of Limited Guardianship is sought is: SCHOOL REGISTRATION and/or MEDICAL INSURANCE COVERAGE ONLY.

The petitioner's relationship to minor: \_\_\_\_\_

The name and address of the parents of said minor is:

Father: \_\_\_\_\_ Address: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Said minor is in the custody of \_\_\_\_\_  
 (Name)

Address: \_\_\_\_\_

Petitioner requests that letters of Limited Guardianship be issued to: \_\_\_\_\_  
 \_\_\_\_\_

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

Petitioner's Signature	Address	Phone Number
Petitioner's Signature	Address	Phone Number
Attorney	Address	Phone Number



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)