For Clerk’s Use Only

Person Filing:

Address (if not protected):

City, State, Zip Code:

Telephone:

Email Address:

Representing [ ] Self or [ ] Attorney for ­

Lawyer’s Bar Number:

**SUPERIOR COURT OF ARIZONA**

**IN**   **COUNTY**

|  |  |  |
| --- | --- | --- |
| In the matter of the Emancipation of: A Minor  |  | Case Number: **(Optional) CONSENT TO EMANCIPATION OF A MINOR**  |

REQUIRED INFORMATION FROM PARENT OR LEGAL GUARDIAN:

**1. INFORMATION ABOUT ME:**

Name:

Mailing Address:

City, State, Zip Code:

Day / Evening Phone: ( ) ( )

I am the [ ] MOTHER [ ] FATHER [ ] LEGAL GUARDIAN of the minor child named above, who is requesting emancipation.

**2.** I have read the **“*Petition for Emancipation of a Minor”***and consent to the emancipation ofthe named minor because: (Explanation REQUIRED).

**OATH OR AFFIRMATION OF PARENT OR LEGAL GUARDIAN**

I have read, understood, and completed the above statements concerning the petition for emancipation of the above-named minor. By signing this document, I am stating to the Court the information I have provided is true and correct to the best of my knowledge, information and belief, under penalty of perjury.

### Date Signature of Parent or Guardian

STATE OF

COUNTY OF

Subscribed and sworn to or affirmed before me this:  (date)

by .

(notary seal) Notarial Officer

 Title