



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____

Court Address

Telephone _____

Case No. _____

In the Matter of

Name of Minor

**PARENT'S CONSENT TO GUARDIANSHIP OF A MINOR
(Rule 10-202(b)(2))**

I, _____, _____
Name of Parent Relationship
of _____, a minor, declare that:
Minor's Name

1. I am aware of the petition of _____
Petitioner's Name
to become guardian of _____
Minor's Name

2. I understand that the reason the guardianship is needed _____

and if the need for the guardianship is expected to end before the child reaches the age of majority

State Time Frame or Date it is Expected to End

3. I believe that it is in the best interest of _____
Minor's Name
that the Petition for Guardianship be granted.

4. I understand that I have the right to revoke my consent at any time.

I solemnly affirm under the penalties of perjury that the contents of this document are true based on my personal knowledge.

Date

Signature of Parent

Printed Name

Street Address

E-mail

City, State, Zip

Fax

Telephone Number