

6. INFORMATION CONCERNING THE MINOR:

- A. Full Name and AKA _____
Age _____ Date of Birth _____ Male Female
Legal settlement or residence is: _____
City, State, Zip _____
in _____ County, Ohio Telephone: _____
Length of that residence is _____
- B. School Minor will attend while under guardianship _____
School's telephone: _____
- C. If the minor is living at an address different from the residence shown in Section 6-A above, that address is:

- D. Name of person, other than minor, who may be contacted at the address where the minor is living:
Name: _____ Telephone: _____
- E. In the event of the death or incapacity of the applicant/guardian, the Court should contact the nearest friends or relatives whose names and addresses are:
Name: _____ Telephone: _____
Address: _____ Zip _____
Name: _____ Telephone: _____
Address: _____ Zip _____
Name: _____ Telephone: _____
Address: _____ Zip _____

F. Reasons for the guardianship are: (O.R.C. 2111.06)

G. If the minors age is over 14 years, _____ consent to the selection of the applicant as guardian. Consent is attached as Exhibit C.

H. The person who has custody of the Minor is _____
and the address is _____

I. A certified copy of the minor's birth certificate is attached as Exhibit D.

J. A custody affidavit pursuant to O.R.C. 3109.27 is attached as Exhibit E.

I hereby petition the court to be appointed guardian of the foregoing described minor and certify that all the information and statements contained in this application and attached exhibits are correct to the best of my knowledge and belief.

Signature

Signature

Attorney for Applicant

Applicant

Address

Address

Telephone

Telephone