

State of New Jersey
Monmouth County Surrogate's Court



In the Matter of the Guardianship of _____ :
: **GUARDIANSHIP CONSENT**
, a Minor : **MINOR**

To the Surrogate of the County of Monmouth, State of New Jersey:

Be it known that I, _____, _____ of
(NAME OF PARENT SIGNING THIS FORM) (RELATIONSHIP TO MINOR)
above minor of the age of _____ years, do hereby consent to the appointment of
_____ as the guardian of said minor and that I do hereby
(NAME OF PERSON BE APPOINTED)
waive any right which I may have to be so appointed.

STATE OF NEW JERSEY : _____ (YOUR SIGNATURE)
SS.
COUNTY OF MONMOUTH:

BE IT REMEMBERED that on _____ before me,
the undersigned authority, personally appeared _____, who
I am satisfied is the person in the foregoing named, and to whom I have first made known
the contents thereof, he/she did thereupon acknowledge that he/she signed and delivered
the same as his/her voluntary act and deed for the uses and purposes therein expressed.
