

IN THE _____ COURT OF _____ COUNTY, WEST VIRGINIA
IN THE MATTER OF:

Minor(s) Under the Age of 18 Years

Civil Action No.
_____-_____-_____

WAIVER OF GUARDIAN APPOINTMENT

I, _____, ☐ Father / ☐ Mother the following minor(s):

<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

hereby waive my priority right to qualify for the appointment as guardian **(check one or both)**

☐ of the person / ☐ of the estate of the above-named minor(s).

(Optional) ☐ Additionally, I nominate, and respectfully request that the Court appoint,

_____, as such guardian.

Dated this _____ day of _____, 20_____.

Parent

Taken, subscribed, and sworn or affirmed before me this _____ day of _____, 20_____.

My commission expires: _____.

Notary Public