



MINOR PROOF OF AGE AFFIDAVIT

<i>MINOR APPLICANT INFORMATION</i>			
Last Name:		First Name:	Middle Name:
Nick Name:	Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			
City:		State:	Zip Code:

<i>PARENT/LEGAL GUARDIAN INFORMATION</i>		
Last Name:	First Name:	Middle Name:
Street Address		
City:	State:	Zip Code:
Daytime Phone No.:	Relation to Minor Applicant: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Legal Guardian	

I, _____, being of lawful age, depose and swear: I am the _____
(Full Name of Custodial Parent or Legal Guardian) (Mother/Father/Legal Guardian)
of _____, who was born on _____ and is presently
(Name of Minor Applicant) (Month/Day/Year)
_____ years and _____ months of age.

