STATE OF WYOMING)	IN THE DISTRICT COURT
COUNTY OF) SS)	JUDICIAL DISTRICT
IN THE MATTER OF THE GUARDIANSHIP OF) _ _ _ _	Probate No
Minor child(ren).	_,)	
CONSENT TO GUARDIA	NSHIP OR NOMINATIO	ON OF A GUARDIAN BY A MINOR
I, (full name of minor)		, am 14 years of age or older and:
1.	pointment of	(name
of proposed guardian)	as my guardian.	
I do not consent to	the appointment of	
(name of proposed gua	urdian) as my guardian.	
I Nominate		(name of proposed
guardian) as my guard	ian:	
Relationship to the Mi	nor(s):	
Street Address:		
Mailing Address, if dit	ferent:	
City:	State:	Zip Code:
Home Phone #:	Work Phone #:	
Email Address:		

VERIFICATION AND ACKNOWLEDGMENT

STATE OF WYOMING)
COUNTY OF) ss.)
I, (current full name)	, swear/affirm under oath that I
have read the foregoing Consent or l	Nomination by Minor and that the statements set forth
therein are true and correct to the be	st of my knowledge.
	Signature of Minor
	Minor's Phone Number:
	Minor's Address:
	Minor's City/State/Zip Code:
Subscribed and sworn to before me	this, 20
	Notarial Officer/Deputy Clerk of District Court
My Commission/Term Expires:	