**IN THE CHANCERY COURT OF\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY, MISSISSIPPI**

**JUDICIAL DISTRICT**

IN THE MATTER OF THE CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIANSHIP OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, A MINOR

BY PETITIONER(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL WAIVER OF NOTICE**

COMES NOW, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, natural (mother/father) of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and files (Minor’s Name) (Minor’s Date of Birth) herewith this Waiver in the Petition for Guardianship and would show unto this

Honorable Court:

1. That I have received and reviewed the Petition for Appointment of Guardian(s) of a Minor under § 93-20-202; and

2. That I hereby join in said Petition for all purposes therein stated and do give my consent   
to the relief therein being requested by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Petitioner(s) (Petitioner’s Name) herein; that I am not non-compos-mentis and am an adult over the age of twenty-one (21) years of age.

3. I waive my right to a notice of hearing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petition for (Petitioner’s Name) Appointment of Guardian(s) of a Minor Under § 93-20-202 and consent to the entry of an Order granting the relief requested in said Petition.

IN WITNESS WHEREOF, I have hereunto affixed my signature on this the \_\_\_\_ day of   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent

Prepared by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTESTATION**

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_

Personally appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who having been by me first duly sworn stated on his/her oath that the matters and things stated in the above foregoing instrument are true and correct as therein stated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type/Print Name Here)

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_