

CARE OF MINOR CHILD

(Name of child)

I/ We provide the following information and desires to assist the guardian of the above-named child who was born on _____ and whose social security number is _____ (attach additional sheets as necessary):

HEALTH: _____

RELIGION: _____

EDUCATION: _____

FINANCIAL: _____

OTHER: _____

Date: _____ Signature(s): _____