

**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): \_\_\_\_\_