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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AUTHORIZATION:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Relationship to Children: \_\_\_\_\_

**Names and Ages of Minor Children:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age