ACCEPTANCE OF OFFICE

STATE OF SOUTH DAKOTA: IN CIRCUIT COURT
SS:
COUNTY OF _____ _____ JUDICIAL CIRCUIT

IN THE MATTER OF THE GUARDIANSHIP OF _____ Minor Child.	File No: _____ **ACCEPTANCE OF OFFICE**

We accept appointment as Guardians of the minor child, (ENTER NAME), accept the duties of the office, and submit to the personal jurisdiction of this Court in any proceeding relating to the minor child instituted by any interested person.

Dated this (DAY) day of (MONTH), (YEAR).

PETITIONER:

_____
(NAME)
(STREET ADDRESS)
(CITY), SD (ZIP CODE)
(PHONE NUMBER)

State of South Dakota:
ss:
County of (COUNTY NAME):

On this the (DAY) day of (MONTH), (YEAR), before me, the undersigned officer, personally appeared, (ENTER TEXT), known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public, State of South Dakota
(SEAL)

My Commission Expires: (ENTER DATE)

Dated this (DAY) day of (MONTH), (YEAR).

PETITIONER:

_____
(NAME)
(STREET ADDRESS)
(CITY), SD (ZIP CODE)
(PHONE NUMBER)

State of South Dakota:
ss:
County of (COUNTY NAME):

On this the (DAY) day of (MONTH), (YEAR), before me, the undersigned officer, personally appeared, (ENTER TEXT), known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

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Notary Public, State of South Dakota
(SEAL)

My Commission Expires: (ENTER DATE)