



FOR NSO USE ONLY	
NSO #	

PROOF OF GUARDIANSHIP

Please print clearly

1. Patient Information

- Child's Name at birth: _____
- Date of Birth (dd/mm/yyyy): ___/___/_____
- Health Card Number: _____
- Mother's Name (at time of child's birth): _____
- Other: _____

2. Parent/Guardian Information:

Check here if you are the sole guardian for the child indicated above

Last name First name

Signature Date (dd/mm/yyyy) Location

ID provided: _____ Number: _____

I warrant that the above information is true and accurate.

Additional Parent/Guardian Information (if applicable):

Last name First name

Signature Date (dd/mm/yyyy) Location

ID provided: _____ Number: _____

I warrant that the above information is true and accurate.

Notarization

Subscribed and sworn to before me this _____ day of _____, 20__

Signature of Notary Public:



Affix Notary Seal Here

