

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION IN RE: GUARDIANSHIP OF _____ ward. <div style="text-align: right; margin-top: 20px;"> Case no.: _____ Section: _____ </div>	G-8
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AFFIDAVIT OF KIN FOR ADULT WARD

To be completed by an interested party

1. My name is: _____, I am at least 18 years of age and I live at: _____.
2. I have known the ward, _____, for _____ year(s) and am associated with the Ward as follows: _____.
3. I am personally familiar with the family and marital history of the Ward and have personal knowledge of the facts stated in this Affidavit. I have written “**unknown**” if I do not have knowledge of certain information; “**none**” where there are no individuals of a particular class; and “**N/A**” for the date of death for any kin who has not died. I will attach additional supplemental Affidavit(s) of Kin (G-XS) as needed for any requested information that does not fit in the space provided.
4. Provide the following information on the Ward’s last **spouse**:

NAME AND ADDRESS OF SPOUSE	WARD’S MARITAL STATUS
	<input type="checkbox"/> Currently married. <input type="checkbox"/> Widowed since: _____. <input type="checkbox"/> Divorced since: _____.
<input type="checkbox"/> Ward’s spouse is incapacitated or capacity proceedings are pending.	

5. Provide the following information regarding the Ward’s natural born and adopted **children**:

NAME AND ADDRESS OF CHILDREN	YEAR OF BIRTH

6. Provide the following information regarding the Ward's living **grandchildren**:

NAME AND ADDRESS OF GRANDCHILDREN	YEAR OF BIRTH

7. Provide the following information regarding the Ward's **parents**:

	NAME AND ADDRESS OF WARD'S PARENTS	DATE OF DEATH
PARENT #1		
PARENT #2		

8. Provide the following information regarding the Ward's living **brothers and sisters**:

NAME AND ADDRESS OF SIBLINGS	HALF-SIBLING?	YEAR OF BIRTH
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Provide the following information regarding the Ward's living **nieces and nephews**:

NAME AND ADDRESS OF NIECES/NEPHEWS	YEAR OF BIRTH

10. Provide the following information for the Ward's living **grandparents**.

NAME AND ADDRESS OF WARD'S GRANDPARENTS	
PARENT #1	
PARENT #1	
PARENT #2	
PARENT #2	

11. Provide the following information regarding the Ward's living **aunts and uncles**:

NAME AND ADDRESS OF AUNTS/UNCLES

12. Provide the following information regarding the Ward's living **cousins**:

NAME AND ADDRESS OF COUSINS	YEAR OF BIRTH

13. Provide the following information for any kin of the Ward that does not fall into any of the previous categories (i.e., stepchildren):

NAME AND ADDRESS OF KIN	YEAR OF BIRTH	RELATION TO THE WARD

ADDITIONAL SPACE PROVIDED		
NAME AND ADDRESS OF KIN	YEAR OF BIRTH	RELATION TO THE WARD

Check here if you are attaching form GXS as a supplement to this affidavit.

Under penalties of perjury, I declare the I have read the foregoing Affidavit of Kin and the facts stated therein are true.

Signature of Applicant

Date

Printed Name of Applicant

Address

City State Zip

Telephone Number

Email Address

FURTHER AFFIANT SAYETH NAUGHT.

State of _____

City of _____

County of _____

Sworn to (or affirmed) and subscribed before me, **by means of** **physical presence** or **online notarization**, this
 ___ day of _____, 20___, by _____, who is personally known to me
 and/or produced _____ as identification.

My Commission Expires: _____

[SEAL]

Notary Public