

FORM 15

(Child and Youth Well-Being Act, S.N.B., 2022, c.35, s.70(2))

Court File Number .....

IN THE COURT OF KING’S BENCH OF NEW BRUNSWICK  
FAMILY DIVISION  
JUDICIAL DISTRICT OF .....

**CONSENT FOR TRANSFER OF GUARDIANSHIP – CHILD OR YOUTH**

Name of child or youth: .....

Date of birth: .....

I (*full name*), ....., having been informed of, or having  
an understanding of, all aspects of a Transfer of Guardianship Order and its reasonable implications,  
consent to the transfer of my guardianship to (*name(s) of prospective guardian(s)*).....  
.....

DATED at ....., this ..... day of ....., 20....

.....  
(signature of witness)

.....  
(signature of child or youth)