FORM 9.3

(Family Services Act, S.N.B. 1980, c.F-2.2, s.56.1(2))

	Court File Number
IN THE COURT OF QUEEN'S BENCH OF NEW BRUNSWICK FAMILY DIVISION IUDICIAL DISTRICT OF	
CONSENT FOR TRANSFER OF GUARDIANSHIP - CHILD	
	CHILD:
	(name)
	(birthdate)
	(place of birth)
I, , having been informed of, or having (name in full) 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)