

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	PETITION FOR AUTHORITY TO ADOPT	FILE NO.
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Estate of _____

1. I am interested in the estate and make this petition as GUARDIAN.
2. I have been a full guardian for at least 18 months as of the hearing date. I became guardian on _____ date
3. The interested parties are as follows:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Parent	

4. **I REQUEST that:** authority to adopt the above named minor be granted and that guardianship be terminated upon entry of the final order of adoption.

I declare that the petition has been examined by me and that its contents are true to the best of my information, knowledge and belief.

Attorney Signature	Date
Name (type or print)	Petitioner Signature
Address	Name (type or print) Bar no.
City, state, zip	Address
Telephone no.	City, state, zip
	Telephone no.

Do not write below this line - For court use only