

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE ESTATE OF

_____.

Case No. _____

CONFIDENTIAL INFORMATION FORM (GUARDIANSHIP PROCEEDING)

*The information on this form is confidential and must not be placed
in a publically accessible portion of the file.*

FULL INFORMATION

REDACTED INFORMATION

MINOR CHILD:

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Year of Birth: _____

XXX-XX- _____

GUARDIAN:

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Year of Birth: _____

XXX-XX- _____

FINANCIAL ACCOUNT NUMBERS *(related to the minor child, if known):*

Name of Account Holder or Financial Institution: _____

Account Number: _____

Last 4 Digits of Acct #: _____

Name of Account Holder or Financial Institution: _____

Account Number: _____

Last 4 Digits of Acct #: _____

Dated this _____ day of _____, 20_____.

Signature of Guardian

Printed Name

Address

City, State, Zip Code

Telephone Number