



MINOR PROOF OF AGE AFFIDAVIT

MINOR APPLICANT INFORMATION

Last Name:		First Name:		Middle Name:
SCCA Member #:	Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address				
City:		State:	Zip Code:	

PARENT/LEGAL GUARDIAN INFORMATION

Last Name:		First Name:		Middle Name:
Street Address				
City:		State:	Zip Code:	
Daytime Phone No.:			Relation to Minor Applicant: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Legal Guardian	

I, _____, being of lawful age, depose and swear: I am the _____
(Full Name of Custodial Parent or Legal Guardian) (Mother/Father/Legal Guardian)
of _____, who was born on _____ and is presently
(Name of Minor Applicant) (Month/Day/Year)
_____ years and _____ months of age.

(Parent/Guardian Signature) (Date)

Subscribed and sworn to, or affirmed, before me on this _____ day of _____, _____.
(Month) (Year)

Notary Public

My Commission Expires