



Notarized Removal of Second Parent

Date: _____

To Whom It May Concern:

I, _____ (print name), have been separated from _____ (print name) since _____ (date). We do not live together in the same household as myself and the child(ren). Also, I am unable to provide proof of their current residency.

Sincerely,

(please sign)

THIS FORM MUST BE NOTARIZED

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this ____ day of _____, 20____, by parent/guardian signature

_____.

Name of Notary Typed, Printed, or Stamped

Signature of Notary Public-State of Florida: _____

Personally Known ____ OR Produced Identification _____

Type of Identification Produced: _____