

GUARDIANSHIP

I, THE UNDERSIGNED BEING THE CLERK OF THE COURT HAVING PROBATE JURISDICTION FOR LUBBOCK, COUNTY, DO HEREBY CERTIFY THAT THE FOLLOWING PERSON WAS OF LEGAL VOTING AGE AT THE TIME OF HIS/ HER INCAPACITATION. A GUARDIAN HAS BEEN APPOINTED FOR THE WARD.

CASE NUMBER: _____ DATE OF APPLICATION: _____

NAME OF INCAPACITATED: _____

ADDRESS: _____

DATE OF APPOINTMENT OF GUARDIAN: _____

DATE OF BIRTH OR AGE: _____

SEX: _____

KELLY PINION, COUNTY CLERK
LUBBOCK COUNTY, TEXAS

BY _____ DEPUTY

DATE: _____

FOR VOTERS REGISTRAR