

STATE OF ILLINOIS)
ILLINOIS STATE POLICE) FOID Application Number: # _____
FIREARMS SERVICES BUREAU)

PARENT/LEGAL GUARDIAN AFFIDAVIT

The undersigned, _____, being first duly sworn upon oath, states as follows:
(parent/legal guardian print full legal name)

- (1) I am not currently prohibited from holding a FOID card insofar as: (a) I have not been convicted of a felony or have been granted relief from such conviction to hold a FOID card; (b) I have not, within the past 5 years, been convicted of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed; (c) I have not been convicted of domestic battery (felony or misdemeanor), aggravated domestic battery or a substantially similar offense; (d) I am not subject to an existing order of protection which prohibits me from possessing a firearm; (e) Within the past year, I have not used or been addicted to any controlled substance or narcotics in violation of state or federal law; (f) I am not a medical marijuana patient registry card holder; (g) I have not failed a drug test the previous year for a drug that I do not have a prescription; (h) I have not, in the past 5 years, been a patient in a mental institution or any medical facility used primarily for the care or treatment of persons for mental illness; (i) I have not been adjudicated by a court as a mental defective or ordered by a court, board or authorized entity to in-patient or out-patient mental health treatment; (j) I am not intellectually or developmentally disabled; (k) I am not an alien who is unlawfully present in the United States; (l) I have not been admitted to the United States under a non-immigrant visa of the Immigration and Nationality Act; (m) I have not renounced my citizenship as a citizen of the United States; (n) I have not been discharged from the Armed Forces under dishonorable conditions; and, (o) I am not a fugitive from justice.
- (2) I hereby give my consent for this minor applicant to possess and acquire firearms and firearm ammunition and understand I shall be liable for any damages resulting from the minor applicant's use of firearms or firearm ammunition.

I hereby authorize the Illinois State Police to verify answers given with any government or private entity authorized to hold records relevant to my citizenship, criminal history and mental health treatment or history.

FURTHER AFFIANT SAYETH NOT.

Parent or Legal Guardian Signature

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public