Recipient Name

Recipient Address

The parent/legal guardian whom you listed on your application is the individual who must complete this form. They must have it notarized, and then you should return this document to the Firearms Services Bureau with your application. This document is unique to your application and will be verified by barcode. ***Do not duplicate***. If you are completing a web-based application, you must upload the affidavit, when prompted, to complete your application. If you contacted the call center and are completing a paper-based application, please return it along with the completed paper application. If you are attempting to reverse an application rejection, you may return it through your web user account and resubmit the application or mail it back to the address below to resubmit your application for review.

Illinois State Police Firearms Services Bureau
FOID Minor
801 South Seventh Street, Suite 400M
Springfield, Illinois 62703

PARENT/LEGAL GUARDIAN AFFIDAVIT
(ONLY FOR APPLICANTS WHO ARE UNDER 21 YEARS OF AGE)

Parent or Legal Guardian Signature Certification: I being first duly sworn upon oath, state as follows: (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, 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; (c) I am not addicted to narcotics; (d) I am not intellectually disabled; (e) I am not subject to an existing order of protection which prohibits me from possessing a firearm; (f) 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; (g) I have not ever been convicted of a domestic battery or a substantially similar offense (misdemeanor or felony); (h) I have not been adjudicated a delinquent minor for the commission of an offense that if committed by an adult would be a felony; (i) I am not an alien who is unlawfully present in the United States; and (j) I have never been adjudicated as a mental defective. (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. **FURTHER AFFIANT SAYETH NOT**.

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.

Printed name and date of birth of minor applying for a FOID card:

Printed name and date of birth of parent or legal guardian:

Relationship to minor (<u>must be</u> mother, father, or legal guardian):

Parent or Legal Guardian Signature (Please sign inside the box)	**Date: MM-DD-YYYY**

DOCUMENT MUST BE SIGNED IN PRESENCE OF NOTARY.

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

_____

Notary Public



D-23-1-LicenseNmb-0