

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: _____ :
 _____ :
 _____ : C.M. # _____
 A person with an alleged disability :

CERTIFICATE OF MAILING

1. The petitioner(s) mailed on this date, _____ a “Notice of Petition” and a copy of the approved preliminary order to the following interested parties:

Name	Address

2. Proof of mailing is attached.

Petitioner	Co-Petitioner (if applicable)
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the _____ day of _____ (month) _____ (year).	Executed on the _____ day of _____ (month) _____ (year).
_____ (Petitioner’s Printed Name)	_____ (Co- Petitioner’s Printed Name)
_____ (Petitioner’s Signature)	_____ (Co- Petitioner’s Signature)