

**ADDENDUM TO AFFIDAVIT FOR TEMPORARY CUSTODIAN'S HEALTHCARE AUTHORIZATION:**

**CERTIFICATE OF NOTARIAL ACT FOR ATTORNEY WITNESSING VIA AUDIO-VISUAL CONFERENCING TECHNOLOGY**

*Delaware Licensed attorneys are considered Authorized Notarial Officers. The 11<sup>th</sup> Modification of the Declaration of the State of Delaware Due to a Public Health Threat approved on April 15, 2020, permits Delaware licensed attorneys located in the State of Delaware to witness and/or notarize signatures of individuals also located in Delaware, after verifying identities, and provided that they can communicate in real time via audio-visual technology. This addendum shall serve as the Certificate of Notarial Act pursuant to 29 Del. C. § 4327 and 4328.*

**Certificate of Notarial Act with respect to Parent/Guardian 1:**

On this, the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_, by audio-visual technology, appeared before me, \_\_\_\_\_ (parent/guardian 1), known to me to be the person described in and who executed the foregoing instrument while observed by me, and he/she acknowledged that he/she executed the same while physically located in Delaware, and being duly sworn by me, made oath that the statements in the foregoing instrument are true. This document was notarized and/or witnessed pursuant to the 11<sup>th</sup> Modification of the Declaration of a State of Emergency for the State of Delaware Due to a Public Health Threat approved on April 15, 2020.

\_\_\_\_\_  
Attorney Signature

DE Bar ID # \_\_\_\_\_

\_\_\_\_\_, Esquire  
Printed name of Notarial Officer\*

*\*Attorney-at-Law, Authorized to perform Notarial Acts in the State of Delaware pursuant to Title 29 Delaware Code, Section 4323*

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**Certificate of Notarial Act with respect to Parent/Guardian 2 (if applicable):**

On this, the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_, by audio-visual technology, appeared before me, \_\_\_\_\_ (parent/guardian 2), known to me to be the person described in and who executed the foregoing instrument while observed by me, and he/she acknowledged that he/she executed the same while physically located in Delaware, and being duly sworn by me, made oath that the statements in the foregoing instrument are true. This document was notarized and/or witnessed pursuant to the 11<sup>th</sup> Modification of the Declaration of a State of Emergency for the State of Delaware Due to a Public Health Threat approved on April 15, 2020.

\_\_\_\_\_  
Attorney Signature

DE Bar ID # \_\_\_\_\_

\_\_\_\_\_, Esquire  
Printed name of Notarial Officer\*

*\*Attorney-at-Law, Authorized to perform Notarial Acts in the State of Delaware pursuant to Title 29 Delaware Code, Section 4323*