

## Affidavit of a foster parent

I, the undersigned
personal ID number
residing at,
solemnly declare,
that(name and surname of the child's legal representative),
date of birth, is unavailable for a prolonged period of time and it is therefore not possible under reasonable
circumstances to obtain his/her consent or evidence a power of attorney for representation in the
matter of submitting a request for a financial contribution from the Prevention Fund of VZP CR
for the child (name and surname)
personal ID number, for the reasons stated:
Inon
(signature of the declarant)