



## Next of Kin Opt-Out

### Idaho Transportation Department – Driver's License Unit

#### Section 1: Applicant Requesting Next of Kin Designee Removal Information

Applicant Full Legal Name (First, Middle, Last) - Required	Date of Birth (MM/DD/YYYY) - Required
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#### Section 2: Individual that Listed Applicant as Next of Kin Information

Next of Kin Full Legal Name (First, Middle, Last) – Required	Date of Birth (MM/DD/YYYY) - Required		
Physical Address of Next of Kin ( <i>if Applicable</i> ) – Optional	City – Optional	State – Optional	Postal Code – Optional

#### Section 3: Next of Kin Opt-Out Declaration - Required

I, the applicant named above, hereby declare and affirm as follows:

1. I am of legal age and competent to make this declaration.
2. I am named as the next of kin by the individual listed in Section 2.
3. I hereby formally opt-out of any and all responsibilities, rights, and obligations as the next of kin pertaining to the previously stated individual.
4. I acknowledge that this declaration is made voluntarily, without coercion, and with full understanding of its legal consequences.
5. I declare under penalty of perjury under the laws of the State of Idaho that the preceding statements are true and correct.

#### Section 4: Signature and Dated – Required

Signature	Date (MM/DD/YYYY)
X	

Submit your completed and signed form (electronic signature will not be accepted)

**via email:** [DLMail@itd.idaho.gov](mailto:DLMail@itd.idaho.gov)

or

**via mail:** Attn: DL Unit  
Idaho Transportation Department  
PO Box 7129  
Boise, ID 83707-1129