

Town of Hingham



Department of Police

212 Central Street
Hingham, MA 02043

David P. Jones
Chief of Police

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Juvenile (15 y/o and older) Parental Consent Form
For FID Card

Juvenile Information

Name: _____
Last First Middle

Address: _____

Date of Birth: _____

Parent/Guardian Information

Name: _____
Last First Middle

Parent: _____ Guardian: _____ (Check one)

Address: _____

Date of Birth: _____ Phone Number: _____

I hereby grant permission to the Hingham Police Department to issue a Massachusetts Firearm Identification Card to the above named juvenile. I certify that the above information is true and that I am the above juvenile's parent or legal guardian. Signed below under the penalties of perjury. (Signed in presence of Licensing Officer at appointment).

Signature: _____ Date: _____

Witness: _____ Date: _____