This document is not required to be filed with the Court. If filed with the Court, this document shall be sealed. The *Cover Sheet for Non-Public Documents* (Form 11.2) must be used if filing this document in paper form with the Court.

See Instructions (ERP204) for help in filling out this form.			
State of Minnesota District Court			
County of:		Court File Number:	
Judicial District:		Case Type: Extreme Risk Protection Order	
Petitioner		-	
VS			
	spondent	-	
	Affidavit of Transfer of	of Antique Firearms to Relative (ERP208) Minn. Stat. § 624.7175	
		Winni, Stat. 9 024.7175	
I, _		state the following:	
1.	I am a relative of	, the Respondent in this case.	
2.	I am lawfully permitted to own or possess firearms.		
3.	I don't live with Respondent.		
4.	4. On(date), Respondent \Box permanently or \Box temporarily transfer		
	firearms listed below to me. If the transfer is temporary, I agree to temporarily store Respondent's firearms until Respondent is legally permitted to possess firearms.		
_			
5.	Each of the firearms listed below is considered an antique (as defined by United States Code, title 18 § 921 (a) (16)) or a curio or relic (as defined in the Code of Federal		
	Regulations, title 27 § 478.11).		
6.	The name, make, model and caliber of all firearms transferred are as follows:		
	Firearm #1:	Firearm #2:	
	Firearm Name/Make:	Firearm Name/Make:	
	Serial Number:	Serial Number:	
	Model/Caliber:	Model/Caliber:	

I

Firearm #3:	Firearm #4:
Firearm Name/Make:	Firearm Name/Make:
Serial Number:	Serial Number:
Model/Caliber:	Model/Caliber:
Firearm #5:	Firearm #6:
Firearm Name/Make:	Firearm Name/Make:
Serial Number:	Serial Number:
Model/Caliber:	Model/Caliber:
Firearm #7:	Firearm #8:
Firearm Name/Make:	Firearm Name/Make:
Serial Number:	Serial Number:
Model/Caliber:	Model/Caliber:

Respondent must file this *Affidavit of Transfer of Antique Firearms to Relative* with the law enforcement agency within 2 business days of the firearm transfer.

Dated: _____

Signature (do not sign until in front of notary public)

Name ______ Address: ______ City/State/Zip: ______

Phone: _______Email: ______

Sworn/Affirmed before me on this

_____(date)
In _____County
State of _____

Notary Public