

CHILD GUARDIANSHIP CONSENT FORM

The undersigned _____,
of _____, State of _____,

Address

hereby appoint _____,
of _____, State of _____,

Address

as the legal guardian of the person of our child(ren). Said guardian shall have the following powers:

Executed this _____ day of _____,
_____ (year).

Signature

Signature

Acknowledgment Certificate

State of _____

County of _____

On this _____ day of _____, _____,
Month Year

Printed Name of Signer

Personally appeared before me as the signer(s) of the attached instrument, and
he/she/they signed the instrument voluntarily for the purpose expressed in it.

Witness my hand and official seal.

Signature of Notary

Printed Name

Commission Expiration Date

Signer's identity verified in the following manner:

___ Personally Known

___ Produced Identification

Type and # of ID: _____

