

Temporary Guardianship

Effective Date: ___/___/___

“Custodial Parent”

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

| Child's Name | Date of Birth |
|--------------|---------------|
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| | |

I the above listed custodial parent of the above listed children do hereby grant temporary guardianship to:

| Full Name | Relationship |
|--|--------------|
| | |
| | |
| Temporary Guardian's Contact Information | |
| Address | Phone Number |
| | |
| | |
| | |
| | |

I, _____ hereby grant temporary guardianship of the above children to whom I have legal custody of to:

From ___/___/___ to ___/___/___

Signature: _____ Date: ___/___/___