

Temporary Guardianship

Effective Date: ___/___/___

“Custodial Parent”

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Child's Name	Date of Birth

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: ___/___/___