



# Youth Programs Notice of Temporary Guardianship



Please Print

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

List the full name and date of birth of each child. If more than three attach a second form.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List full name of individual to whom you are granting temporary custody and person's relationship to the child/children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number/Numbers \_\_\_\_\_

**As the Parent/Guardian of child/children listed, I hereby grant temporary guardianship of the child/children to individual listed above.**

**Statement of consent: (To be signed in the presence of a legalized notary public)**

I, \_\_\_\_\_ hereby grant temporary guardianship of the above- mentioned child/children, whom I have legal custody of to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_.

For as long as necessary, beginning on \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notarization: On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Month Year Name of Parent

personally appeared before me in \_\_\_\_\_, \_\_\_\_\_, and in my presence has satisfactorily identified him/herself as the signer of this Temporary Guardianship form.

Affix seal here

Name of Notary Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_\_