

Temporary Guardianship Certificate

Child's Full Name:

Date of Birth:

Guardian's Full Name:

Relationship to Child:

Parent(s) Full Name:

Contact Information:

Effective Date:

Expiration Date:

This document certifies that the above-named guardian is temporarily authorized to make decisions and act on behalf of the above-named child during the effective period stated above.

**Parent/Legal Guardian
Signature:**

Date Signed:

**Temporary Guardian
Signature:**

Date Signed: