

LEGAL GUARDIANSHIP CERTIFICATE

This is to certify that

Name of Guardian: _____

Date of Birth of Guardian: _____

is hereby recognized as the legal guardian of

Name of Child/Ward: _____

Date of Birth of Child/Ward: _____

Guardian's Address: _____

Effective Date: _____

Certificate Number: _____

This certificate is issued under the authority of the respective legal bodies and is valid unless revoked by competent authority.

Guardian's Signature

Authorized Officer

Date of Issue: _____