

Permanent Guardianship Declaration

Date:

I, , hereby declare that I am assigning permanent guardianship of the following minor child(ren):

Child's Full Name	Date of Birth	Relationship to Guardian
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Guardian's Name:

Guardian's Address:

This declaration is made voluntarily, and I affirm that I am the legal parent or guardian of the minor child(ren) listed above.

I hereby give my full consent for the above-named guardian to make all necessary decisions regarding the welfare, health, and education of the child(ren).

Declarant Signature: Date:

Witness Signature: Date: