

Guardianship Affidavit of the Grandchild

Grandparent Details:

- Full Name: _____
- Address: _____

- Contact Number: _____
- Email Address: _____

Grandchild Details:

- Full Name: _____
- Date of Birth: _____
- Parent(s) Name: _____

Reason for Guardianship:

- Custody in Absence of Parent
- Medical Decisions
- Educational Enrollment
- Other (Specify): _____

Duration of Guardianship:

Start Date: _____

End Date: _____

Parental Authorization:

I, [Parent's Name], grant legal guardianship of my child, [Grandchild's Name], to [Grandparent's Name].

Signature of Parent: _____ Date: _____

Signature of Grandparent: _____ **Date:** _____

Notary Public Seal: _____