## Military Deployment Guardianship Appointment Consent Form

## **Service Member Information**

Full Name
Rank
Branch of Service
Contact Number
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Deployment Dates
Deployment Location
Deployment Location
Child(ren) Information
Full Name(s)
Data of Diate
Date of Birth
Additional Children (Names & Dates of Birth)
Temporary Guardian Information
Full Name
Relationship to Child(ren)
Address
Contact Number

## **Consent & Authorization**

I hereby appoint the above-named individual as temporary guardian of my child(ren) during my military deployment, authorizing them to provide care, make decisions, and act on my behalf as necessary for the well-being of my child(ren).  Special Instructions or Limitations		
Service Member's Signature	·	
Date		
Witness Signature		
Date		
Date		