

In the matter of _____
Full name of child

DOB: _____

1. I, _____, on behalf of Michigan Department of Human Services voluntarily consent to the guardianship of the child above name by

_____ Date of Birth _____

_____ Date of Birth _____

Complete address: _____

2. I am authorized by statute to execute this consent.

_____ Date

_____ Signature

Superintendent, Michigan Children's Institute
Title

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Notary public

Do not write below this line – For court use only