

REVOCATION OF GRANDPARENT POWER OF ATTORNEY

In Re: _____ Case Number: _____

Regarding the Child _____

D.O.B. _____ SSN (optional) _____

I hereby revoke the Grandparent Power of Attorney dated _____, and
filed in this court, unless by doing so the life, health, or safety of the child would be
jeopardized.

Signature of Parent, Guardian, or Custodian Date

Signature of Parent, Guardian, or Custodian Date

PRINTED NAMES OF THOSE WHO EXECUTED ORIGINAL CARETAKER
AFFIDAVIT:

NOTICE: THIS REVOCATION IS EFFECTIVE ONLY UPON THE DELIVERY OF A
WRITTEN NOTICE OF THE NEGATION, REVERSAL, OR DISAPPROVAL TO THE
GRANDPARENT.