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STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY		CONSENT TO GUARDIANSHIP BY MCI SUPERINTENDENT		FILE NO.
	In the matter of			DOB:
	Full name of child			
1.	I,, on behalf of Michigan Department of Human Services voluntarily consent to the guardianship of the child above name by			
	to the guardianship of the child above r	name by		
			Date of Birth	
			Date of Birth	
	Complete address:			
2.	I am authorized by statute to execute this consent.			
	Date		Signature	
			Superintendent, Title	Michigan Children's Institute
			Inte	
	Subscribed and sworn to before me on	1		County, Michigan.
		Date	3	000000,
	My commission expires:	Signature:	Notary public	
	2 4.0			

Do not write below this line - For court use only