

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

**REVOCATION OF APPOINTMENT OF SHORT-TERM GUARDIAN**

1. I, \_\_\_\_\_, currently residing at \_\_\_\_\_  
\_\_\_\_\_, am a parent of the following child: \_\_\_\_\_  
born \_\_\_\_\_.
2. On \_\_\_\_\_, I appointed the following person as the short-term guardian for my child:  
(Name) \_\_\_\_\_ (Address) \_\_\_\_\_  
\_\_\_\_\_. The  
appointment was to terminate on \_\_\_\_\_.
3. I hereby revoke the appointment of \_\_\_\_\_ as short-term guardian of \_\_\_\_\_,  
and this revocation shall be effective immediately.
4. This revocation of short-term guardian appointment is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed: \_\_\_\_\_

Witnesses: I saw the parent sign this instrument, and then I signed this instrument as a witness in the presence of the parent. I have not been appointed to act as the short-term guardian for the parent's child.

Witness 1 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_

Witness 2: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_