## **REVOCATION OF CARETAKER AUTHORIZATION AFFIDAVIT FOR THE MINOR CHILD,**

I,, resid	ing at
, in the County of	_, State of Ohio, hereby REVOKE and
<b>RENDER VIOD</b> the Caretaker Authorization Affic	davit that I executed on or about
, to act as attorney in fact to exerci	se any all of the rights and responsibilities of
the parents,	, residing at
	, regarding the care,
physical custody, and control of the child,	
, born,.	
I further attest that a photostatic copy of	this Revocation of Caretaker Authorization
Affidavit constitutes a "duplicate original" of s	said Revocation of Caretaker Authorization
Affidavit and is as effective as the original revocati	on itself.
Witness my hand this day of	,
	(Legible Grandparent Signature)
STATE OF OHIO	
COUNTY OF	
Sworn to or affirmed and subscribed before me by	on this
date of,	

Signature of Notary Public

(Affix seal here)

Title or Rank of Notary Public

Commission Expiration Date: