



ADOPTIVE PARENT APPOINTMENT OF GUARDIAN(S)

**Please type all information and ensure that the selected guardian(s) sign and date at the bottom.*

Adoptive Parent(s) Full Name(s): _____

After careful consideration We/I have chosen and appointed the following individual(s) to assume guardianship of our/my child(ren) and to act on our/my behalf in the event of a debilitating accident, health problem or premature death rendering us/me unable to provide care for our/my adopted child(ren):

Name: _____ Name: _____

Age: _____ Age: _____

Profession: _____ Profession: _____

Health Status: _____ Health Status: _____

Marital Status: _____ Marital Status: _____

Address of Guardian(s): _____

Specify the relationship of the selected guardian(s) to the adoptive family? _____

Are the selected guardians married? Yes No

Are there any children in the household? Yes No If "Yes," how many? _____

What are the ages of the children in the home? _____

***The bottom portion of this form must be signed and dated by each appointed guardian:**

We/I agree to act as guardians for the adopted child(ren) of the above named adoptive parent(s). We/I concur with the accuracy of the information above and we/I fully accept the responsibility of overseeing the welfare of their adoptive child(ren) in the event they are unable to do so.

(Signature of Guardian)

(Signature of Guardian)

Date Signed: _____