



**GUARDIANSHIP STATEMENT**

Adoptive Parent(s): \_\_\_\_\_ and \_\_\_\_\_

Have selected \_\_\_\_\_ and \_\_\_\_\_ to act on our behalf in the event of a debilitating accident, health problem or premature death rendering us unable to provide care for our adopted child.

Adoptive Parent(s): \_\_\_\_\_  
Signature                      Adoptive Parent #1                      Adoptive Parent #2

After careful consideration, we have chosen (Name of Guardian(s)):

\_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_

**Guardian #1**

**Guardian #2**

Age: \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_

\_\_\_\_\_

Annual Income: \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_\_\_\_

\_\_\_\_\_

Health: \_\_\_\_\_

\_\_\_\_\_

Number of Children in Household: \_\_\_\_\_

Ages of Children in the Household: \_\_\_\_\_

The bottom portion of this form **must be signed** by the guardian(s):

We agree to act as guardians for the adopted child/children of the above-named adoptive parents. We concur with the accuracy of the information above and we fully accept the responsibility of overseeing the welfare of their adoptive child/children in the event they are unable to do so.

Guardian Signature(s): \_\_\_\_\_  
Guardian #1

\_\_\_\_\_ Guardian #2

Date: \_\_\_\_\_

Date: \_\_\_\_\_