



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: _____