

I/We, _____, _____ designate the following individuals(s) as my/our minor child(ren)'s or dependent adult(s)'s guardian(s) in the event of a debilitating accident, health problem or premature death rendering me/us unable to provide care for my/our minor child(ren) or dependent adult(s). In the event the first individual(s) is/are unwilling or unable to serve as guardian(s) the following person(s), in the order listed below, agree to serve as alternate guardian(s).

Guardian(s) Info:	
Name:	Age:
Relationship to Child(ren):	
Name:	Age:
Relationship to Child(ren):	
Name:	Age:
Relationship to Child(ren):	
Address:	
Telephone:	Email Address:
Children:	

I/We discussed guardianship with the above mentioned individuals, and they have agreed to act as guardians for my/our minor child(ren) or dependent adult(s). They accept the responsibility of overseeing the welfare of my/our minor child(ren) or dependent adult(s) in the event that I/we are unable to do so. They will raise our minor child(ren) or dependent adult(s) as their own with all the rights and benefits and honor their heritage. I/We also verify that the guardian(s) noted above are financially stable and in good health.

Parent Signature _____ Date _____

Parent Signature _____ Date _____