



GUARDIANSHIP STATEMENT

Adoptive Parent's Full Legal Name

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Do you have a legal will? Yes _____ No _____

- If so, what is the date of the will? _____

In the event of the deaths or incapacitation of (names of adoptive parents) _____
_____, we have instructed the following person(s) to assume
guardianship of our child(ren):

Name(s) of Guardians: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

How long have been Married _____

Profession of Guardian: _____ Age: _____

Profession of Guardian: _____ Age: _____

Is there adequate income to provide for adopted child/children? _____

Are the Guardians in good mental, emotional and physical health? _____

Names and Ages of Guardian's Children:

Adoptive Parent's Signature

Date

Adoptive Parent's Signature

Date