



## GUARDIANSHIP STATEMENT

\_\_\_\_\_  
Adoptive Parent's Full Legal Name

\_\_\_\_\_  
Adoptive Parent's Full Legal Name

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: \_\_\_\_\_

Relationship to 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? \_\_\_\_\_

