



Adoptive Family Name: _____

Creating a legacy of thriving families from the adoption plan to child's independence

GUARDIANSHIP STATEMENT

This form is to be completed by the guardian(s).

The prospective adoptive parents have established that in the event of death or catastrophic illness of adoptive parents that the following people will become the legal guardians of the children currently in the home, including their newly adopted child(ren).

Adoptive Family Information

Adoptive Parent Name(s) _____

Names of children already in the home _____

The appointed guardians are or are not related to the adoptive parents

Our relationship is _____

Guardian Information

Guardian 1: Full Name _____

Age _____ Health _____ Employed as _____

Guardian 2: Full Name _____

Age _____ Health _____ Employed as _____

Our annual income is approximately \$_____ and we are financially stable

We have been married _____ years and have _____ number of child/ren

Please list children residing in the home by name and age below (add more, if needed):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Our contact information:

Address: _____

E-mail: _____ Telephone: _____

We agree to become the guardians of the above stated children. *(Print to sign and date document.)*

Guardian 1 Signature

Guardian 2 Signature

Date