APPOINTMENT OF GUARDIAN

Whereas,	and _		are the parents and
natural guardians of the	following child(ren):		
1)			
Name	Age	Date of Birth	
2)			
Name	Age	Date of Birth	
3)			
Name	Age	Date of Birth	
I appoint			(Name and Address) to
act as guardian of the m	, , ,		•
Should be unable or un			ing to serve, I appoint
		(Name	e and Address) to act as the
guardian of the minor cl	nildren in the place of	f	·
Upon my disability, the	designated guardian	shall have the following	ng authority:
a) residential custo	dy of the minor child	l(ren);	
b) to approve medi- bounds of the law;	cal treatment of any	kind or type or to disa	approve the same within the
c) to designate sch educational record	G	children, and access to	o any and all of their
d) to generally act	in loco parentis, et.al		

In the event that I am the custodian of any property for the minor children under the Uniform Transfer to Minors Act, or the Uniform Gifts to Minors Act or similar statute, I designate the guardian or successor guardian to act as custodian for all such custodial property.

In the event that formal legal proceedings are commenced to establish a guardian for the child, it is my desire that the guardians mentioned herein have priority in appointment. The failure to list an individual as a guardian or successor guardian is intentional. Signature Date Signature Date Signature Date I certify that _____ has appeared before me on this day of (Date). I am a notary public in the County of _____ in the State of My commission expires on _____

Notary Public