

APPOINTMENT OF GUARDIAN

Whereas, _____ and _____ are the parents and natural guardians of the following child(ren):

1). _____

Name	Age	Date of Birth
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2). _____

Name	Age	Date of Birth
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3). _____

Name	Age	Date of Birth
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I appoint _____ (Name and Address) to act as guardian of the minor child(ren) stated above upon my inability to so act.

Should _____ be unable or unwilling to serve, I appoint _____ (Name and Address) to act as the guardian of the minor children in the place of _____.

Upon my disability, the designated guardian shall have the following authority:

- a) residential custody of the minor child(ren);

- b) to approve medical treatment of any kind or type or to disapprove the same within the bounds of the law;

- c) to designate schooling for the minor children, and access to any and all of their educational records;

- 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