

## Guardianship Designation Form

I, [\_\_\_\_\_],

residing at [\_\_\_\_\_], hereby designate the following individual(s) as the potential legal guardian(s) for my minor child(ren) in the event of my incapacity or death.

### 1. Parental Information:

- Full Name: [\_\_\_\_\_]
- Date of Birth: [\_\_\_\_\_]
- Social Security Number: [\_\_\_\_\_]
- Marital Status: [\_\_\_\_\_]
- Emergency Contacts:

\_\_\_\_\_  
\_\_\_\_\_

### 2. Children's Information:

- Child 1:  
Full Name: [\_\_\_\_\_]  
Date of Birth: [\_\_\_\_\_]
- Child 2:  
Full Name: [\_\_\_\_\_]  
Date of Birth: [\_\_\_\_\_]
- Child 3:  
Full Name: [\_\_\_\_\_]  
Date of Birth: [\_\_\_\_\_]
- Child 4:  
Full Name: [\_\_\_\_\_]  
Date of Birth: [\_\_\_\_\_]
- [Add additional children as needed]

\_\_\_\_\_

### 3. Designation of Guardian:

I hereby designate the following individual(s) as the potential legal guardian(s) for my minor child(ren) in the event of my incapacity or death:

- Guardian for Child 1:
- Full Name: [\_\_\_\_\_]
- Relationship to Child: [\_\_\_\_\_]

- Address:

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- Phone Number: [\_\_\_\_\_]
- Guardian for Child 2:
- Full Name: [\_\_\_\_\_]
- Relationship to Child: [\_\_\_\_\_]
- Address:

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- Phone Number: [\_\_\_\_\_]
- [Add additional guardians as needed]

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#### **4. Alternate Guardian(s):**

In the event that the designated guardian(s) are unable or unwilling to serve, I hereby designate the following individual(s) as alternate guardian(s):

- Alternate Guardian for Child 1:
- Full Name: [\_\_\_\_\_]
- Relationship to Child: [\_\_\_\_\_]
- Address: [\_\_\_\_\_]
- Phone Number: [\_\_\_\_\_]
- Alternate Guardian for Child 2:
- Full Name: [\_\_\_\_\_]
- Relationship to Child: [\_\_\_\_\_]
- Address: [\_\_\_\_\_]
- Phone Number: [\_\_\_\_\_]
- [Add additional alternate guardians as needed].

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#### **5. Additional Instructions:**

[Include any additional instructions or preferences regarding the care, upbringing, or financial support of your child(ren).]

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#### **6. Governing Law:**

This Guardianship Designation is governed by the laws of the

[State/Country] \_\_\_\_\_ / \_\_\_\_\_ in which I reside.

**7. Signatures:**

I have executed this Guardianship Designation on this

[Date] \_\_\_\_\_

day of [Month, Year] \_\_\_\_\_.

[Your Full Legal Name] \_\_\_\_\_

Date: [Date] \_\_\_\_\_

[Witness 1 Name]

\_\_\_\_\_

[Witness 1 Signature]

\_\_\_\_\_

[Witness 2 Name]

\_\_\_\_\_

[Witness 2 Signature]

\_\_\_\_\_