

## 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