

DESIGNATION OF STANDBY GUARDIAN

I, _____, residing at _____
hereby designate the following individual as Standby Guardian of the person (and property) of my child

Namely: _____ born on: _____ and _____

Name of Standby Guardian: _____

Address of Standby Guardian: _____

Telephone Number: _____

Address of Standby Guardian: _____

The Standby Guardian's authority shall take effect if and when any of the following conditions are met:

1. I declare that I am mentally incapacitated rendering me unable to care for my child; or
2. My doctor concludes that I am physically debilitated to such a degree that I am rendered unable to care for my child and I consent in writing before two witnesses to the Standby Guardian's authority taking effect; or

3. In the event of my death.

In the event that the Standby Guardian I have designated above is unable or unwilling to act as guardian for my child, I hereby designate the following individual as Alternate Standby Guardian:

Name of Alternate Standby Guardian: _____

Address of Alternate Standby Guardian: _____

Telephone of Alternate Standby Guardian: _____

I understand that my Standby Guardian's authority will terminate sixty (60) days after it begins unless by such date she or he petitions the court for appointment as guardian.

I understand also that I retain full parental rights even after the start of the Standby Guardian's authority and that I can revoke the standby guardianship at any time by signing a written revocation in front of two witnesses at least 18 years of age and then promptly notifying the Standby Guardian.

If I am physically unable to sign this Designation of Standby Guardian myself, I understand that I can direct someone else to sign for me as long as I am present when that other person signs my name.

(If Parent is physically unable to sign the Declaration and directs that someone else sign it for him or her, that person should indicate that he or she is signing for the parent by putting his or her initials after the signature.)

Signature of Parent: _____

Address of Parent: _____

Date: _____

The name address and relationship of the person signing for the parent is as follows:

Name: _____ Address: _____

Relationship to Parent _____

WITNESS DECLARATION

I declare that the person whose name appears above signs this document in my presence or was physically unable to sign and asked another individual namely _____ to sign this document and she/he did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as Standby Guardian or Alternate Standby Guardian.

Witness' Name: _____ Witness' Signature _____

Address: _____

Date: _____

Witness' Name: _____ Witness' Signature _____

Address: _____

Date: _____