adoption support services of Florida
1036 Manigan Ave, Oviedo, Florida 32765
Office: (407) 366-6436
**www.adoptionsupportservices.com**

# Guardianship Statement

Adoptive Parent(s): _____
I/We have been made aware of the requirement to appoint a guardian for our adopted child in the event of my/our untimely death or debilitating accident or illness. My/Our guardian will act on my/our behalf in the event of a debilitating accident, health problem or premature death rendering me/us unable to provide care for my/our adopted child(ren).

Adoptive Parent(s): _____ _____
Signature Applicant Applicant

After careful consideration, I/we have chosen:_____
Name of Guardian(s)

Address:_____

Guardian Guardian

Age: _____ _____

Profession: _____ _____

Marital Status: _____ _____

Names and ages of Children in the Household:_____

My/Our relationship to the guardian: (i.e. friends, wife's sister) _____

Briefly state why you have chosen these guardians:

---

**The bottom portion of this form must be signed by the guardian(s):**

I/We agree to act as guardians for the adopted child/children of the above named adoptive parent(s). I/We concur with the accuracy of the information above and I/we fully accept the responsibility of overseeing the welfare of his/her/their adoptive child(ren) in the event they are unable to do so.

Guardian Signature(s): _____ _____ _____
Guardian Guardian Date