Guardianship Form

Adoptive Family Name: _____

Guardian's Name: _____

Guardian's Age: _____ years

Guardian's Address:

_____

_____

_____

_____

Guardian's Occupation: _____

Guardian's Employer: _____

Is this guardian in good health? _____ yes _____ no

Is this guardian financially stable? _____ yes _____ no

Guardian's Spouse's Name: _____

Spouse's Age: _____ years

Spouse's Occupation: _____

Spouse's Employer: _____

Is this spouse in good health? _____ yes _____ no

Is this spouse financially stable? _____ yes _____ no

How long has guardian and spouse married? _____ years

Do they have children? _____ yes _____ no. If yes, how many? _____

_____

Have the Guardian(s) agreed to be guardian(s): _____ yes _____ no

Explain Guardian's relationship to you (friend or relative?):

_____
_____
_____
_____
_____
_____
_____
_____

Why have you chosen this person(s) as Guardian(s) for your child?

_____
_____
_____
_____
_____
_____
_____
_____

Signature _____ Date _____