

## Appointment of Standby or Testamentary Guardian

**1** I, ..... of .....  
[*name*] [address],

am the guardian of .....

.....

.....

[*name(s) of child(ren)*]

born .....

[*birthdate(s) of child(ren) — mmm/dd/yyyy*]

**2** After considering the best interests of the child(ren) referred to in section 1, I appoint .....

..... of .....

[*name*]

[*address*]

to be the guardian of the child(ren) and

[*Check one or both of the following boxes as applicable and provide any required information.*]

this appointment takes effect on my death

I am facing terminal illness or permanent mental incapacity and this appointment takes

effect when, as a result of that illness or incapacity, I am unable to care for the child(ren),

[*add, if applicable, as certified by .....*

[*name or official title*]]. The appointed guardian must consult with me to the fullest

possible extent regarding the care and upbringing of the child(ren).

3 On this appointment taking effect, the appointed guardian has the same parental responsibilities that I currently have [*add, if applicable*, subject to the following conditions and restrictions: .....  
.....  
.....  
.....  
.....]

[*specify*]

Date: ..... [*mmm/dd/yyyy*]

.....

Signature of appointing guardian

This appointment was signed in the presence of

WITNESSES [The witnesses to this appointment must be at least 19 years of age and must not be the person appointed as guardian.]

Name: .....

Signature of witness

Address: .....

Occupation: .....

Name: .....

Signature of witness

Address: .....

Occupation: .....