

DESIGNATION OF GUARDIAN FOR MINOR CHILDREN

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DESIGNATION OF GUARDIAN FOR MINOR CHILDREN

State of [STATE], County of [COUNTY]

1. Parent / Declarant

Your full legal name / address: _____

2. Minor Children

Child 1 — full name / date of birth: _____

Child 2 — full name / date of birth: _____

Child 3 — full name / date of birth: _____

3. Guardian Designated

If I die or become unable to care for my minor children, I designate the following person as guardian:

Guardian full name / address /
relationship: _____

4. Alternate Guardian

If my first choice cannot or will not serve, I designate:

Alternate guardian full name / address: _____

5. Scope

- ☐ Guardian of the PERSON (raises the child)
- ☐ Guardian of the ESTATE (manages the child's assets)
- ☐ Both

6. Type

- ☐ Permanent designation (effective on death/incapacity)
- ☐ Standby / temporary designation (if allowed by my state)

7. Wishes (optional)

Reasons or instructions about
upbringing: _____

8. Signature & Witnesses

Parent signature / date: _____

Witness 1 signature / date: _____

Witness 2 signature / date: _____

Notary acknowledgment (if required by your state): _____

INSTRUCTIONS FOR USE

Complete the bracketed fields, delete anything that does not apply, sign where required, and keep with your records. This template is provided for informational purposes only and does not constitute legal advice. Laws vary by state and change over time. Have an attorney review your completed document before relying on it. ClearLegalTips.com is not a law firm.