**LEGAL GUARDIANSHIP DESIGNATION**

*(Valid across all U.S. states – Check local laws for specific requirements)*

**1. DECLARATION OF PARENTAL INTENT**

I, **[Your Full Name]**, residing at **[Your Address]**, being of sound mind and acting voluntarily, hereby declare my intentions regarding the **guardianship of my minor children** in the event of my passing or incapacitation.

**2. CHILDREN COVERED UNDER THIS DOCUMENT**

This document applies to the following minor child(ren) or dependents:

* Child 1: **[Full Name]**, born on **[Date of Birth]**
* Child 2: **[Full Name]**, born on **[Date of Birth]**
* Child 3: **[Full Name]**, born on **[Date of Birth]**
* Child 4: **[Full Name]**, born on **[Date of Birth]**
* Child 5: **[Full Name]**, born on **[Date of Birth]**

**3. APPOINTMENT OF GUARDIANS**

In the event of my death or incapacitation, I appoint the following individuals to assume legal guardianship of my minor children in the listed order of priority.

**Primary Guardian (First Choice):**

* Full Name: **[Guardian 1 Name]**
* Relationship to Children: **[e.g., Brother, Sister, Grandparent, Friend]**
* Address: **[Guardian’s Address]**
* Phone Number: **[Guardian’s Phone]**
* Email: **[Guardian’s Email]**
* This person has agreed to serve as guardian: ☐ **Yes** ☐ **No**

**Secondary Guardian (Backup Choice if the First Choice Cannot Serve):**

* Full Name: **[Guardian 2 Name]**
* Relationship to Children: **[e.g., Aunt, Uncle, Friend]**
* Address: **[Guardian’s Address]**
* Phone Number: **[Guardian’s Phone]**
* Email: **[Guardian’s Email]**
* This person has agreed to serve as guardian: ☐ **Yes** ☐ **No**

**Tertiary Guardian (Final Backup Choice if the First Two Cannot Serve):**

* Full Name: **[Guardian 3 Name]**
* Relationship to Children: **[e.g., Cousin, Family Friend]**
* Address: **[Guardian’s Address]**
* Phone Number: **[Guardian’s Phone]**
* Email: **[Guardian’s Email]**
* This person has agreed to serve as guardian: ☐ **Yes** ☐ **No**

**4. SCOPE OF GUARDIANSHIP AUTHORITY**

The appointed guardian(s) shall have full authority to:

☐ Make all legal, educational, medical, and financial decisions regarding the child(ren).  
☐ Establish residency and relocate the child(ren) as necessary.  
☐ Manage any inheritance, trust funds, or financial accounts left to the child(ren).  
☐ Provide healthcare and medical consent, including emergency care.  
☐ Make decisions regarding religious upbringing and education.

**5. GUARDIANSHIP CONTINGENCIES & ALTERNATIVE ARRANGEMENTS**

☐ If none of the above-named guardians are able or willing to serve, I request that **[Other Family Member or Court-Approved Person]** be considered.  
☐ I request that my child(ren) **remain together** and not be separated among multiple guardians.  
☐ I authorize financial support for the guardian(s) from my estate in the amount of **$[Amount]** per month for the care of my children.

**6. EXCLUSIONS (IF APPLICABLE)**

I **explicitly do NOT want** the following individual(s) to assume guardianship of my children under any circumstances:

* Name: **[Excluded Person’s Name]**
* Reason for Exclusion: **[Optional]**

**7. SIGNATURE & ACKNOWLEDGMENT**

I, **[Your Full Name]**, sign this **Legal Guardianship Designation** on this **[Day]** of **[Month, Year]**, declaring it to be my final wishes.

**Your Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. WITNESSES (Required in Most States)**

*(Two adult witnesses, NOT designated guardians, must sign below to confirm they saw the testator sign this document.)*

**Witness 1:**

* Printed Name: **[Witness 1 Name]**
* Signature: **[Witness 1 Signature]**
* Address: **[Witness 1 Address]**
* Date: **[Date]**

**Witness 2:**

* Printed Name: **[Witness 2 Name]**
* Signature: **[Witness 2 Signature]**
* Address: **[Witness 2 Address]**
* Date: **[Date]**

**9. NOTARY ACKNOWLEDGMENT (Recommended, Required in Some States)**

This acknowledgment is **part of the Legal Guardianship Designation** signed by **[Your Name]** on **[Date]**, consisting of **[Number]** pages.

**STATE OF [Your State]**  
**COUNTY OF [Your County]**

On this \_\_\_ day of \_\_**, 20**, before me, a Notary Public, personally appeared **[Your Name]**, known to me or proven by satisfactory evidence to be the person who signed this document, and acknowledged that they executed it voluntarily.

**Notary Public Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Notary Public Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**My Commission Expires:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_