



**Advantage Adoptions**

One Church One Child

**GUARDIANSHIP STATEMENT**

In the event that I/we become incapacitated and unable to parent my/our adopted child or children, I/we name: \_\_\_\_\_ as the guardian of our child or children.

The \_\_\_\_\_ family has agreed to serve in that capacity until our adopted child or children reach adulthood.

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Adoptive Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Parent Signature

\_\_\_\_\_  
Date