

Conditional Guardianship Declaration

I, , born on , residing at , hereby declare this Conditional Guardianship of my minor child(ren):

Child(ren)'s Name(s):

Date of Birth:

Appointed Guardian

Name of Guardian:

Address:

Conditions of Guardianship

This guardianship shall take effect only under the following condition(s):

Duration of Guardianship

This guardianship shall remain in effect until:

Signature

Parent/Legal Guardian's Signature:

Date:

Witness

Witness Name:

Address:

Signature:

Date: