

Testamentary Guardianship Certificate

This certifies the appointment of a Testamentary Guardian

Full Name of Minor: _____

Date of Birth: _____

Name of Appointed Guardian: _____

Relationship to Minor: _____

Effective Date: _____

Name of Deceased Parent/Testator: _____

This certificate is issued as evidence of the appointment of the above-named Testamentary Guardian for the above-named minor pursuant to the wishes expressed in the last will and testament of the deceased parent/testator.

Issued on: _____

Signature of Issuing Authority: _____