GUARDIANSHIP NOMINATION FORM

1. 1. Identification of the Parent Making This Nomination

I, [PARENT FULL LEGAL NAME], date of birth [DATE OF BIRTH], residing at [STREET ADDRESS], [CITY], [COUNTY] County, State of [STATE], telephone [PHONE], email [EMAIL], make this Guardianship Nomination. I am the [BIOLOGICAL PARENT / ADOPTIVE PARENT / LEGAL PARENT] of the children identified in Section 2, and I have [SOLE LEGAL AND PHYSICAL CUSTODY / JOINT CUSTODY WITH THE OTHER PARENT / OTHER CUSTODY ARRANGEMENT] of them. The other parent of the children is [OTHER PARENT FULL NAME], of [OTHER PARENT ADDRESS AND PHONE], who [ ] is living and has custodial rights / [ ] is living but does not have custodial rights because [REASON] / [ ] is deceased / [ ] cannot be located. I am of sound mind and I make this nomination voluntarily and free of duress or undue influence.

2. 2. Identification of the Children

This nomination applies to each of the following minor children: CHILD 1: [FULL NAME], date of birth [DATE OF BIRTH], currently residing at [ADDRESS], attending [SCHOOL NAME]. CHILD 2: [FULL NAME], date of birth [DATE OF BIRTH], currently residing at [ADDRESS], attending [SCHOOL NAME]. CHILD 3: [FULL NAME], date of birth [DATE OF BIRTH], currently residing at [ADDRESS], attending [SCHOOL NAME]. This nomination also applies to any child later born to or legally adopted by me, and to any child of mine who has reached the age of majority but remains under a legal disability requiring a guardian or conservator. Relevant information about each child, including medical conditions, medications, allergies, therapies, individualized education plans, and religious upbringing, is described in the attachment titled [ATTACHMENT NAME, e.g., Exhibit A - Child Information Sheet].

3. 3. When This Nomination Takes Effect

I ask that this nomination be given effect if I die, or if I become unable to care for my children because of illness, injury, incapacity, extended hospitalization, or any other circumstance that prevents me from acting as their parent, and there is no other parent who is living, able, and legally entitled to assume custody. If I am temporarily unable to care for my children and the situation is expected to resolve within [SHORT-TERM PERIOD, e.g., 30] days, I ask that the person named in Section 7 provide temporary care instead of a full guardianship being opened. This document is a nomination for a court to consider and does not by itself transfer custody, legal authority, or parental rights to any person.

4. 4. Nomination of Guardian of the Person

I nominate [GUARDIAN FULL NAME], date of birth [GUARDIAN DATE OF BIRTH], residing at [GUARDIAN ADDRESS], telephone [GUARDIAN PHONE], email [GUARDIAN EMAIL], whose relationship to my children is [RELATIONSHIP, e.g., maternal aunt, close family friend, godparent], as guardian of the person of each child named in Section 2. The nominee is responsible for the daily care, custody, control, housing, education, medical care, and general welfare of the children. I have discussed this nomination with the nominee and the nominee [ ] has agreed to serve / [ ] has not yet been asked. I ask that my children remain together in one household if that is reasonably possible, and if it is not, I ask that the guardian arrange frequent contact among the siblings.

5. 5. Nomination of Alternate Guardians

If the person nominated in Section 4 is unable, unwilling, or found unfit to serve, or ceases to serve for any reason, I nominate the following alternates in the order listed. FIRST ALTERNATE: [ALTERNATE 1 FULL NAME], of [ALTERNATE 1 ADDRESS], telephone [ALTERNATE 1 PHONE], relationship [RELATIONSHIP]. SECOND

ALTERNATE: [ALTERNATE 2 FULL NAME], of [ALTERNATE 2 ADDRESS], telephone [ALTERNATE 2 PHONE], relationship [RELATIONSHIP]. THIRD ALTERNATE: [ALTERNATE 3 FULL NAME], of [ALTERNATE 3 ADDRESS], telephone [ALTERNATE 3 PHONE], relationship [RELATIONSHIP]. If none of the persons named in this document is able to serve, I ask the court to appoint a guardian who will preserve the relationships, community, faith, and schooling described in this document to the extent reasonably possible.

6. 6. Nomination of Guardian of the Estate or Conservator

I nominate [PROPERTY GUARDIAN FULL NAME], of [PROPERTY GUARDIAN ADDRESS], telephone [PROPERTY GUARDIAN PHONE], as guardian of the estate, conservator, or custodian of the property of my minor children, to manage any money or property they inherit or receive. If that person is unable or unwilling to serve, I nominate [ALTERNATE PROPERTY GUARDIAN FULL NAME] as alternate. I have deliberately [ ] named the same person as in Section 4 / [ ] named a different person, so that daily care and financial management are handled separately. Assets held for my children in a trust created under my will, in a custodial account under the applicable Uniform Transfers to Minors Act, or in a life insurance or retirement beneficiary designation are to be administered under the terms of those arrangements rather than by the guardian of the estate, and this nomination applies only to property not already covered by them.

7. 7. Temporary Caregiver Pending Appointment

Until a court appoints a guardian, I authorize [TEMPORARY CAREGIVER FULL NAME], of [TEMPORARY CAREGIVER ADDRESS], telephone [TEMPORARY CAREGIVER PHONE], to take physical custody of my children, to enroll them in or keep them in school, to consent to routine and emergency medical and dental care, and to make day-to-day decisions for their welfare. This temporary authority is intended to prevent my children from being placed with strangers or in emergency foster care during the period between my death or incapacity and the appointment of a guardian. It continues until a guardian is appointed or for [TEMPORARY AUTHORITY PERIOD, e.g., 60] days, whichever comes first, unless the applicable law of the State of [STATE] provides otherwise. A separate short-term caregiver authorization may be required by schools and medical providers in your state.

8. 8. Reasons for This Nomination

I have chosen the persons named above for the following reasons, which I ask the court to consider: [REASONS, e.g., the nominee has a close and long-standing relationship with my children; the nominee lives within the same school district and community; the nominee shares my values and approach to education and religious upbringing; the nominee has the stability, health, and household capacity to raise children; my children have stayed with the nominee regularly and are comfortable there]. My preferences regarding the upbringing of my children include: education [EDUCATION PREFERENCES], religious or spiritual upbringing [RELIGIOUS PREFERENCES], contact with extended family [FAMILY CONTACT PREFERENCES], and other matters [OTHER PREFERENCES]. These preferences are guidance for the guardian rather than binding conditions.

9. 9. Persons I Ask Not Be Appointed

I specifically request that the court not appoint [EXCLUDED PERSON FULL NAME], of [EXCLUDED PERSON ADDRESS], as guardian of the person or the estate of my children. My reasons are: [REASONS, STATED FACTUALLY, e.g., the person has had no contact with my children for several years; the person has a documented history of conduct that I believe would place my children at risk]. I make this statement in good faith and based on facts known to me, and not out of ill will. If this Section is left blank, no person is excluded. Nothing in this Section is intended to interfere with the legal rights of a surviving parent whose parental rights have not been terminated.

10. 10. Financial Support and Resources

The following resources are or may become available to support my children: life insurance policy with [INSURER NAME], policy number [POLICY NUMBER], approximate benefit [AMOUNT], beneficiary [BENEFICIARY]; retirement or investment accounts at [INSTITUTION NAMES]; a trust created under my will dated [DATE OF WILL] with [TRUSTEE NAME] as trustee; Social Security survivor benefits; and [OTHER RESOURCES]. My important documents and records are located at [LOCATION OF DOCUMENTS], and my attorney, if any, is [ATTORNEY NAME AND PHONE]. I ask that the guardian be reimbursed from these resources for the reasonable costs of housing, feeding, educating, insuring, and caring for my children, and that the guardian not be expected to bear those costs personally. I request that the court not require an unnecessarily burdensome bond where the assets are already held in trust or in a supervised account.

11. 11. Relationship to My Will and Other Documents

I have [ ] also nominated a guardian in my Last Will and Testament dated [DATE OF WILL] / [ ] not yet signed a will. If the nomination in my will conflicts with this document, the more recently signed document expresses my current wishes and should control. This nomination does not revoke, limit, or replace any power of attorney, medical authorization, school authorization, or child care authorization I have signed. I may revoke or replace this nomination at any time by signing a new document or by a written revocation delivered to the persons named here. Copies of this document have been given to [LIST OF PERSONS HOLDING COPIES], and the original is located at [LOCATION OF ORIGINAL].

12. 12. Signature, Witnesses, and Notarization

I sign this Guardianship Nomination on [DATE] at [CITY], [STATE]. PARENT: [PARENT FULL LEGAL NAME]. Signature: _____. If both parents are signing, the second parent signs here: PARENT 2: [SECOND PARENT FULL LEGAL NAME]. Signature: _____. Date: [DATE]. WITNESSES: The undersigned state that the parent signed this document in their presence, appeared to be of sound mind and free of duress, and that each witness is at least eighteen years of age and is not a person nominated as guardian in this document. WITNESS 1: Signature: _____. Printed Name: [WITNESS 1 NAME]. Address: [WITNESS 1 ADDRESS]. WITNESS 2: Signature: _____. Printed Name: [WITNESS 2 NAME]. Address: [WITNESS 2 ADDRESS]. NOTARY: State of [STATE], County of [COUNTY]. Subscribed and acknowledged before me on [DATE] by [PARENT FULL LEGAL NAME]. Notary Public: _____. My commission expires: [EXPIRATION DATE]. [Seal]. Some states require [NUMBER] witnesses for a standalone nomination, some require notarization, and some require the same formalities as a will.

13. Disclaimer

This template is provided for general informational purposes only and is not legal advice. Guardianship is governed by state law and administered by state courts, and states differ on whether a standalone nomination is recognized, how it must be signed, how much weight it receives, whether a short-term or temporary caregiver authorization is available, and what rights a surviving parent or other relatives have to object. A nomination never overrides the rights of a living parent whose parental rights have not been terminated, and the court always retains discretion to appoint someone else if it finds that appointment to be in the best interests of the child. If your family situation involves a custody dispute, a child with special needs, an out-of-state nominee, or tribal jurisdiction under the Indian Child Welfare Act, consult a licensed family law attorney in your state. Use of this template does not create an attorney-client relationship with ScanContract.