



Adoption Center of Illinois  
at Family Resource Center

**GUARDIANSHIP PLAN**

I/We, \_\_\_\_\_, \_\_\_\_\_,  
designate the following individual(s) as my/our child(ren)'s guardian(s) in the event of a  
debilitating accident, health problem or premature death rendering me/us unable to provide care  
for my/our adopted child(ren).

Guardian(s) Information:

\_\_\_\_\_ is \_\_\_\_\_ years of age.

\_\_\_\_\_ is \_\_\_\_\_ years of age.

Relationship to Adoptive Parents: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Occupations: \_\_\_\_\_

Children: \_\_\_\_\_

I/We have discussed guardianship with the above mentioned individuals and they have agreed to act as guardians for my/our adopted child/children. They accept the responsibility of overseeing the welfare of my/our adoptive child/children in the event they I/we are unable to do so. They will raise the child/children as their own with all the rights and benefits and honor the child's/children's heritage. I/We also verify that the guardian(s) noted above are financially stable and in good health.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_