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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 _____