



3355 Lenox Road Suite 750 Atlanta, Georgia 30326 / Phone 678-860-0849 / www.myadoptionresources.com

Guardianship Letter

Adoptive Parent's Name(s) _____

Do you have a legal will? Yes _____ No _____

If yes, date of will completed? _____

In the event of the deaths or incapacitation of (Adoptive Parent's Names) _____

I (we) have instructed the following person(s) to assume guardianship of our child(ren):

Name: _____

Relationship: _____

Address: _____

Phone: _____

Profession: _____

Age: _____

Names/Ages of Guardian's Children:

Signed: _____ Date: _____

Signed: _____ Date: _____