

Supplemental Guardianship Questionnaire

Guardian of Minor Child: Person

The elected guardian is for taking care of the “person” of your minor children (e.g., the physical, custodial, spiritual, and educational needs) if you and your spouse are deceased. You can name more than one person, such as a married couple, but if one fails to qualify or ceases to act, or a couple is divorced or separated at time of appointment, indicate in the Additional Instruction section below how you’d like this handled. This is one of many important decisions which we will follow up with you periodically to make sure that your documents reflect your most current wishes.

Children’s Doctor: _____ Phone Number: _____

Address: _____

Children’s Dentist: _____ Phone Number: _____

Address: _____

Insurance Carrier for Children: _____

Policy Number: _____

Elected Guardian: _____ Relation to You: _____

Address: _____

Phone Number: _____ Date of Birth: _____

#1 Alternate Guardian: _____ Relation to You: _____

Address: _____

Phone Number: _____ Date of Birth: _____

#2 Alternate Guardian: _____ Relation to You: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Guardian of Minor Child: Estate

If you choose to have a separate guardian specifically to take care of the financial needs of your minor children if you and your spouse are deceased, please complete the information below. Again, you can name more than one person.

Elected Guardian: _____ **Relation to You:** _____

Address: _____

Phone Number: _____ **Date of Birth:** _____

#1 Alternate Guardian: _____ **Relation to You:** _____

Address: _____

Phone Number: _____ **Date of Birth:** _____

#2 Alternate Guardian: _____ **Relation to You:** _____

Address: _____

Phone Number: _____ **Date of Birth:** _____

Additional Instructions: _____

