

AAI STATEMENT OF GUARDIANSHIP

Adoption applicants please complete the top portion of this form and forward it to your appointed guardians for their completion and signature.

We, Mr./Mrs./Ms. _____ have been made aware of the requirement to appoint a guardian to act on our behalf in the unlikely event of any situation or circumstance rendering us unable to provide care for our adopted child. We understand that this is not a legal document but rather a statement of intent until such time that a legal document is put in place.

After careful consideration, we have chosen: _____

Address: _____

Telephone Number: _____ Email Address: _____

Relationship to Adoptive Family: Select One _____

This portion of the form must be signed by the guardian(s) and mailed directly to AAI by the guardians:

Name: _____

Age: _____

Profession: _____

Marital Status: _____

Health Status: _____

Annual Salary: _____

No. Children in Household: _____ Names/Ages: _____

We agree to act as guardians for the adopted child/children of the above named adoptive parents. We concur with the accuracy of the information above and we fully accept the responsibility of overseeing the welfare of their adoptive child/children in the event they are unable to do so.

Guardian Signature

Guardian Signature

Date Signed

Please return this form via mail, fax or scan to:
Autumn Adoptions Inc.
P.O. Box 1204 Lorton, Virginia 22199-1204
TEL 703.568.1314 FAX 703.485.1293
EMAIL: autumnadoptions@msn.com
Website: www.autumnadoptions.org