

# 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 \_\_\_\_\_

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**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 703.646.3458 FAX 703.485.1293**  
**EMAIL: [autumnadoptions@msn.com](mailto:autumnadoptions@msn.com)**  
**Website: [www.autumnadoptions.org](http://www.autumnadoptions.org)**