

Choosing a Guardian

Rank the qualities you would find most important in choosing a person to raise your children. Put a "1" next to the most important quality, and so on.

- ___ Level of Personal Responsibility of the Potential Guardians
- ___ Religious or Moral Values (List your religious faith): _____
- ___ Discipline Style
- ___ Age
- ___ Location
- ___ Other Personality Traits (List): _____

Now that you've ranked the qualities most important to you, are there people (including couples) who fit these quality traits, who would be willing to serve as guardians? List them in order of your preference (include addresses and telephone numbers):

1. _____
2. _____
3. _____
4. _____
5. _____

Are there any couples on your list? If so, would you want the couples to serve only if they could do so jointly? If one part of the couple were not able to serve, would you want the other to serve alone, or go to the next choice? _____

Have you provided financially for your children if you and your spouse should pass away while they are still minors? Life insurance? Do you have enough property? Have you created a trust for your children? _____

Would you want the people you've named as potential guardians of your children be the same people to handle the money for your children? If not, list people who you would want to be the guardians of your children's property (including addresses and telephone numbers):

1. _____
2. _____
3. _____
4. _____
5. _____

Are there friends or neighbors who live close to you who would be willing and able to take care of your children on a temporary basis, while the guardianships proceedings were pending? List in order of preference (including addresses and telephone numbers):

1. _____
2. _____
3. _____
4. _____
5. _____

Family Doctor/Pediatrician/Dentist

Doctor's Name: _____ Office Phone: _____

Doctor's Address: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Dentist's Name: _____ Office Phone: _____

Dentist's Address: _____

Dental Insurance/Health Plan: _____ Policy #: _____

Information about your children:

Name: _____ Birthdate: _____

Any educational requirements? _____

Allergies to Medications: _____

List all health issues, including allergies, asthma or other health conditions: _____

Immunizations (include dates):

Tetanus _____	Mumps _____	Hepatitis A _____
Pertussis _____	Rubella _____	Hepatitis B _____
Diphtheria _____	Polio _____	Influenza _____
Measles _____	Chicken pox _____	

Name: _____ Birthdate: _____

Any educational requirements? _____

Allergies to Medications: _____

List all health issues, including allergies, asthma or other health conditions: _____

Immunizations (include dates):

Tetanus _____	Mumps _____	Hepatitis A _____
Pertussis _____	Rubella _____	Hepatitis B _____
Diphtheria _____	Polio _____	Influenza _____
Measles _____	Chicken pox _____	

Name: _____ Birthdate: _____

Any educational requirements? _____

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Pertussis _____	Rubella _____	Hepatitis B _____
Diphtheria _____	Polio _____	Influenza _____
Measles _____	Chicken pox _____	

Name: _____ Birthdate: _____

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Tetanus _____	Mumps _____	Hepatitis A _____
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Diphtheria _____	Polio _____	Influenza _____
Measles _____	Chicken pox _____	

Attach more pages as needed.