

GUARDIAN INSTRUCTIONS

Naming a guardian for you minor child/children can be a very difficult task. Entrusting someone else with the responsibility of raising your child/children when you're gone is not something that most people want to think about. However, taking the time to put thought into how you want your child/children to be raised if this situation comes to fruition can help provide some peace of mind. Please take the time to put some thoughts and guidance in each of these sections. I've provided a few prompts, but feel free to use this opportunity in any way you wish.

In this first space below, please take a moment and write a personal message to your Guardians to thank them for the commitment they have made to your family.

Child #1 Information

| | |
|--------------------------|------|
| Name: | |
| Nickname: | |
| Date of Birth: | SSN: |
| Primary Physician: | |
| Primary Physician Phone: | |
| Dentist: | |
| Dentist Phone: | |
| Blood Type: | |
| Allergies: | |
| School: | |
| Sports: | |
| Hobbies: | |
| Likes: | |
| Dislikes: | |
| Fears: | |

Child #2 Information

| | |
|--------------------------|------|
| Name: | |
| Nickname: | |
| Date of Birth: | SSN: |
| Primary Physician: | |
| Primary Physician Phone: | |
| Dentist: | |
| Dentist Phone: | |
| Blood Type: | |
| Allergies: | |
| School: | |
| Sports: | |
| Hobbies: | |
| Likes: | |
| Dislikes: | |
| Fears: | |

Child #3 Information

| | |
|--------------------------|------|
| Name: | |
| Nickname: | |
| Date of Birth: | SSN: |
| Primary Physician: | |
| Primary Physician Phone: | |
| Dentist: | |
| Dentist Phone: | |
| Blood Type: | |
| Allergies: | |
| School: | |
| Sports: | |
| Hobbies: | |
| Likes: | |
| Dislikes: | |
| Fears: | |

Child #4 Information

| | |
|--------------------------|------|
| Name: | |
| Nickname: | |
| Date of Birth: | SSN: |
| Primary Physician: | |
| Primary Physician Phone: | |
| Dentist: | |
| Dentist Phone: | |
| Blood Type: | |
| Allergies: | |
| School: | |
| Sports: | |
| Hobbies: | |
| Likes: | |
| Dislikes: | |
| Fears: | |

Family Life

Who would you like your child/children to have regular visitation time with? What kinds of family activities did you always enjoy with your child/children? What are some of the family and/or holiday traditions that you would like your child/children to continue?

Social Life

What social skills do you desire for your child/children to develop? What types of activities does your child/children enjoy? Do you have any social rules that you would like your guardian to enforce for your child/children?

Education

What is important to know about your child/children's educational experiences? Do they have any favorite subjects? Are there any subjects that they struggle with? Do they have an individualized education plan (IEP) or any special needs? Do you have any wishes regarding the type of education they receive (public, private, religious, etc.)?

Religion

Do you have wishes regarding your child/children's involvement in organized religion? Has your child/children attended church before? Do you have any favorite scriptures or stories that you would like to share with them? How would you like religion incorporated into their life?

Other

Please use this space to share any other thoughts you have that you feel will help your Guardian and your children.