

# Minor Guardianship Form

## Guardian Information:

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contact Details: \_\_\_\_\_

## Minor Information:

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Current Address: \_\_\_\_\_

## Reason for Guardianship:

- Parental absence
- Financial instability of parents
- Health issues of parents
- Other: \_\_\_\_\_

## Duration of Guardianship Requested:

- From: \_\_\_\_\_
- To: \_\_\_\_\_

## Guardian Responsibilities Agreed:

- Financial support
- Medical decision-making
- Educational oversight

**Acknowledgment by Guardian:**

I, [Guardian Name], understand and accept the responsibilities of legal guardianship for [Minor Name].

**Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_