

DESIGNATION OF STANDBY GUARDIAN

STATE OF CONNECTICUT

I, _____, of _____, Connecticut, appoint

(Parent)

(Street/City)

_____, of _____ as Standby guardian of my minor children:

(Standby guardian's name)

(Street/City/State)

_____ (date of birth: _____)

_____ (date of birth: _____)

_____ (date of birth: _____)

This guardianship will take effect when one of the following events happens (check all that apply):

- I am detained or deported by any United States immigration or customs authority, or by any state or federal law enforcement authorities.
- I died, and the standby guardian has a copy of my death certificate.
- Other event (specify): _____.

The other parent of my child or children named above is:

(Name of other parent)

Check all that apply:

- The other parent's consent to this appointment is attached.
- The other parent, _____, is deceased or has been removed as legal guardian of the minor child. A copy of the death certificate or removal order is attached.

I have thought about this designation carefully while my mind is sound.

Signed by:

Parent: _____

Date: _____

WITNESSES TO SIGNATURE OF PARENT

I certify that the person who signed the form above as Principal signed this document in my presence. I also certify that I am over the age of eighteen years and I am not the person designated above as the standby guardian.

(Signature of Witness)

(Date Signed)

(Address of Witness)

(Signature of Witness)

(Date Signed)

(Address of Witness)

CONSENTING PARENT

I, _____, the other parent of each of the above-named minors, consent to the appointment of the persons designated in this document as the standby guardian of my minor children.

_____ Date: _____
(Signature of other parent)

(Address of other parent)

WITNESSES TO SIGNATURE OF CONSENTING PARENT

I certify that the person who signed the form above as other parent signed this document in my presence. I also certify that I am over the age of eighteen years and I am not the person designated above as the standby guardian.

_____ _____
(Signature of Witness) (Date Signed)

(Address of Witness)

_____ _____
(Signature of Witness) (Date Signed)

(Address of Witness)

**STATEMENT THAT DESIGNATION OF A STANDBY GUARDIAN
IS IN EFFECT**

STATE OF _____ } Probate Court, District of
 } ss:
COUNTY OF _____ } Date:

I, _____, living at _____ state that:

_____, then living at _____, Connecticut
(parent)

designated me as Standby Guardian of her minor children _____
in a document dated _____ .

One of the events listed in that document has occurred and is checked below:

- The parent has been detained or deported by a United States immigration or customs authority, or any state or federal law enforcement authority.

- The parent died. A copy of the death certificate is attached.

- Other: _____.

I understand there are penalties for making a false statement.

(Signature of Standby Guardian)

Signed in the presence of:

(Signature of Witness)

(Signature of Witness)

