## **Guardianship Agreement**

I/We	,	agree	to	be	the	legal
guardian for the adopted child of						,
should she become incapable of parenting the c	hild due to	incapa	city	or d	eath.	I/We
understand the duties of parenting this child and a	accept this re	esponsi	bility	/. Ι/V	Ve pr	omise
that I/we are financially, emotionally and physical	ly capable of	f parent	ing t	his c	hild.	
<del></del>						
Signed and Stamped by Notary:						
State of						
County of						
Subscribed and sworn before me this day of _	20	_•				
Notary Public						
1,00019						