



NYS Kinship Navigator

DESIGNATION OF STANDBY GUARDIAN

I, _____, hereby designate _____
as standby guardian of the person and property of my child,
_____.

The standby guardian's authority shall take effect if and when: (1) my doctor concludes I am mentally incapacitated, and thus unable to care for my child or (2) my doctor concludes that I am physically debilitated, and thus unable to care for my child and I consent in writing, before two witnesses, to the standby guardian's authority taking effect; or (3) I die.

In the event the person I designate above is unable or unwilling to act as guardian for my child, I hereby designate _____, as standby guardian of my child.

I also understand that my standby guardian's authority will cease sixty days after commencing unless by such date she petitions the court for appointment as guardian.

I understand that I retain full custodial rights even after the commencement of the standby guardian's authority, and may revoke the standby guardianship at any time.

Signature: _____

Address: _____

Date: _____

I declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness' Signature: _____

Address: _____

Date: _____

Witness' Signature: _____

Address: _____

Date: _____

A Program of Catholic Family Center

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