

Guardianship Questionnaire

Proposed Guardian: _____

Phone No. () _____ - Home
() _____ - Work
() _____ - Pager
() _____ - Cellular
() _____ - Fax
_____ - e-mail address

Home Street Address _____
City/State/Zip Code _____
Mailing Address (if different) _____

Work Street Address _____
City/State/Zip Code _____
Date of Birth _____ Age _____
Place of Birth _____

Spouse's Name: _____

Date of Marriage: _____
Place of Marriage: _____

Child's Name and Age: _____
Place of Birth: _____
Address of Birth: _____

Biological Mother's Name: _____
Home Street Address _____
City/State/Zip Code _____
Mailing Address (if different) _____

Work Street Address _____
City/State/Zip Code _____
Date of Birth _____ Age _____
Place of Birth _____

Biological Father's Name: _____
Home Street Address _____
City/State/Zip Code _____
Mailing Address (if different) _____

Work Street Address _____
City/State/Zip Code _____
Date of Birth _____ Age _____

Place of Birth _____

Relatives (to the 2nd Degree): Provides the names, addresses and telephone numbers for all grandparents (maternal and paternal), siblings to child(ren), proposed Guardian and child(ren)'s parents, aunts and uncles:

Briefly state the reason you are seeking a guardianship of the child(ren):

Where would you like us to contact you regarding this matter:
