

**Designation of Standby Guardian**  
**Signing Instructions**

- A separate designation should be completed for each of your children
- This document must be signed in front of two witnesses
- Before signing this document fill in all of your personal information, the guardian's personal information, your child's name, and your child's other parent's name in the yellow highlighted areas; it is not necessary to designate an alternate guardian
- Sign and date on page 2 in front of the two witnesses and print your name below your signature
- Thereafter, the witnesses should read the declaration and sign, date, and print their names and addresses underneath your signature and declaration on page 2
- Once the document is signed, keep it in a safe, fire-proof place, but do not put it in a bank safe deposit box
- If possible, give a copy to your agent and let your agent know where the original is kept
- This designation will expire six months from the date of this designation.
- **DO NOT ALTER THE WORDING OF THIS DOCUMENT**

**NEW JERSEY**

**DESIGNATION OF STANDBY GUARDIAN**

I, \_\_\_\_\_, residing at \_\_\_\_\_ hereby name

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

as designated standby guardian of my child:

\_\_\_\_\_

By this consent and designation, I am providing that the designated standby guardian's authority shall take effect if my spouse/child's other parent, \_\_\_\_\_, should no longer be living or is unable or unwilling to act as guardian for my said child and (ii) if and when the following event or events occur:

(1) my attending physician concludes that I am mentally incapacitated, and thus unable to care for my child; or

(2) my attending physician concludes that I am physically debilitated, and thus unable to care for my child, and I consent in writing before two witnesses to the designated standby guardian's authority taking effect; or

(3) upon my death.

In the event that the person designated above is unable or unwilling to act as guardian to my child, I hereby name

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

as alternate designated standby guardian of my child.

I understand that this designation will expire six months from the date of this designation, and that the authority of the designated standby guardian, if any, will cease, unless by that date either I or the

designated standby guardian petitions the court for appointment as standby guardian pursuant to section 6 of P.L.1995, c.76 (C.3B:12-72).

I hereby authorize that the person designated standby guardian as set forth above shall be provided with a copy of the attending physician's statement.

In the event that I am incapacitated or debilitated and a designated standby guardianship is activated pursuant to this statement, I declare that it is my intention to retain full parental rights to the extent consistent with my condition and, further, that I retain the authority to revoke the designated standby guardianship consistent with my rights herein at any time.

I further authorize the standby guardian to request, receive and review, and be granted full and unlimited access to, and obtain complete unredacted copies of any and all of health, medical, financial information and/or any information and/or records for the child listed above. This release of authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka "HIPAA"), 42 USC 1320d and 45 CFR 160-164.

Designator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_