Standby Designation
Guardian for Minor under Virginia Code 16.1-352

Please Print information below:

PARENT'S NAME _____

PARENT'S SSN _____

CHILD'S NAME _____

CHILD'S DATE BIRTH _____

CHILD'S ADDRESS _____

_____

CHILD'S SSN: _____

GUARDIAN NAME _____

GUARDIAN ADDRESS _____

_____

I am the PARENT named above. I hereby designate the GUARDIAN named above as a "STANDBY GUARDIAN" for my CHILD named above.

This Designation shall not become effective until one or more of the following "TRIGGERING EVENTS" occurs:

- My Death
- A Determination of my Incompetence under Title 37.1 of the Code of Virginia, or its successor statutes,
- Determination of my Debilitation and consent of me or my agent as set forth in 16.1-352 A of the Code of Virginia, or its successor statutes.

Date: _____ _____

Parent's Signature

COMMONWEALTH OF VIRGINIA AT LARGE

IN THE CITY/COUNTY OF _____

The foregoing was acknowledged before me on _____ by _____.

Date Signed *Name of Parent*

My Commission Expires _____

_____

Notary Public [SEAL REQUIRED]

***NOTICE*: UPON OCCURRENCE OF A 'TRIGGERING EVENT', THE GUARDIAN NAMED MUST FILE A PETITION IN THE APPROPRIATE COURT WITHIN THIRTY (30) DAYS OR THIS DESIGNATION WILL CEASE TO BE EFFECTIVE UNTIL THE PETITION IS FILED.**

INSTRUCTIONS: COMPLETE THE INFORMATION, SIGN BEFORE A NOTARY, AND DELIVER TO THE STANDBY GUARDIAN.