

**DESIGNATION OF STANDBY GUARDIAN**

**(With Consent to Designation of Standby Guardian)**

(Maryland Code, Estates and Trusts 13-904)

I (*name of parent*) \_\_\_\_\_ hereby designate (*name, home address, and telephone number of standby guardian*)

\_\_\_\_\_ as standby guardian of the person and property of my child(ren) (name of child(ren):

\_\_\_\_\_  
*(You may, if you wish, provide that the standby guardian's authority shall extend only to the person, or only to the property, of your child, by crossing out "person" or "property", whichever is inapplicable, above.)*

The standby guardian's authority shall take effect if and when either:

(1) My doctor concludes I am mentally incapacitated, and thus unable to care for my child(ren); or

(2) My doctor concludes that I am physically debilitated, and thus unable to care for my child(ren) and I consent in writing, before two witnesses, to the standby guardian's authority taking effect.

If the person I designate above is unable or unwilling to act as guardian for my child(ren), I hereby designate (name, home address, and telephone number of alternate standby guardian), as standby guardian of my child(ren):

\_\_\_\_\_  
I also understand that my standby guardian's authority will cease 180 days after beginning unless by that date my standby guardian petitions the court for appointment as guardian. I understand that I retain full parental rights even after the beginning of the standby guardian's authority, and may revoke the standby guardianship at any time.

Parent's 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 18 years old and am not the person designated as standby guardian.

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

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

Date: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Standby Guardian's Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Consent to Designation of Standby Guardian**

I (*name of person with parental rights*)

\_\_\_\_\_ agree with the designation by (*name of parent*) \_\_\_\_\_ of (*name, home address, and telephone number of standby guardian*) standby guardian of the person and property of my child(ren) (name of child(ren)). I agree also to the terms stated above and understand that I retain full parental rights even after the beginning of the standby guardian's authority, and may revoke my consent to the standby guardianship at any time.

Signature of Person with Parental Rights: \_\_\_\_\_

---

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 18 years old and am not the person designated as standby guardian.

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

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

Date: \_\_\_\_\_

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

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

Date: \_\_\_\_\_