

<b>STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY</b>	<b>STATEMENT OF NOMINATED GUARDIAN REGARDING PARENTAL APPOINTMENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 (Minor)

Mother's name: \_\_\_\_\_  
 (First) (Middle) (Last)

Deceased or  Legally Incapacitated Individual or  Parental Rights Terminated

DOD \_\_\_\_\_ File no. \_\_\_\_\_ Date of order \_\_\_\_\_

Father's name: \_\_\_\_\_  
 (First) (Middle) (Last)

Deceased Or  Legally Incapacitated Individual or  Parental Rights Terminated

DOD \_\_\_\_\_ File no. \_\_\_\_\_ Date of order \_\_\_\_\_

INTERESTED PERSON'S NAMES	RELATIONSHIP	ADDRESS
	Minor	
	Person Currently with Care & Custody	
	Grandparents	
	Adult Presumptive Heirs	

Reason for Parental Appointment: \_\_\_\_\_  
 \_\_\_\_\_

Attachment:  Will or  "Another Writing" by Parent

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 Nominated Guardian Signature

\_\_\_\_\_  
 Nominated Guardian Name (please print)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code Telephone no.