Financial Guardianship Declaration

| Name of Guardian: |
|---|
| Address: |
| Contact Number: |
| Name of Individual under Guardianship: |
| Relationship to Guardian: |
| Date of Birth: |
| Declaration I, the undersigned, hereby declare that I am the financial guardian for: |
| and will act in their best interests regarding all financial matters and decisions. |
| Guardian Signature Date: |
| Witness Signature Date: |