

CERTIFICATE OF ACCEPTANCE AS GUARDIAN OR ESCORT

For use of this form, see AR 600-20; the proponent agency is ODCSPER

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy and E.O. 9397 (SSN).
PRINCIPAL PURPOSE: Guardian's agreement to care for a soldier's child(ren) in his or her absence.
ROUTINE USES: None.
DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of a soldier's Family Care Plan.

I _____ was provided an original DA Form 5841-R
(Power of Attorney) or other legally sufficient authority naming me as guardian/escort for:

NAME (s) / AGE (s) OF FAMILY MEMBERS

NAME (s) / AGE (s)	NAME (s) / AGE (s)

family members of:

NAME (s)	SSN (s)

I agree to accept responsibility for these family members. I have received all necessary documents required to provide financial, medical, educational, quarters, and subsistence support for these family members. I have been briefed on procedures for accessing military/civilian facilities, services, benefits, and entitlements on behalf of these family members.

TYPED OR PRINTED NAME OF GUARDIAN		ADDRESS (include ZIP Code)	
SIGNATURE	DATE (YYYY/MM/DD)		
TELEPHONE NUMBER (include Area Code)		E-MAIL ADDRESS	

NOTARY:

STATE OF _____
COUNTY OF _____

Acknowledged before me this _____ day of _____,

(Notary Public)

My commission expires: