

**CERTIFICATE OF ACCEPTANCE AS GUARDIAN OR ESCORT**

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

**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  
(*Power of Attorney*) or other legally sufficient authority naming me as guardian/escort for:

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


family members of:

NAME (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 ( <i>Include ZIP Code</i> )
SIGNATURE	DATE (YYYY/MM/DD)	

TELEPHONE NUMBER ( <i>Include Area Code</i> )	E-MAIL ADDRESS
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**NOTARY:**

STATE OF

COUNTY OF

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(*Notary Public*)

My commission expires: