



A NO- COST SERVICE PROVIDED BY THE OFFICE OF NEVADA SECRETARY OF STATE

Under Nevada law (NRS 159.0753), people who live in Nevada must use this form to officially record who they want as their guardian in the Nevada Lockbox. There is no cost to submit the form. Make sure to type or write neatly. It may take up to 3 –5 business days to process.

Section 1: Filing Instructions

This form allows you to nominate a guardian for your child in case it becomes necessary. Complete all sections and submit to the Nevada Lockbox. Notarization and witness signatures are required.

Section 2: Your Information

First Name: _____ Middle Name _____ Last Name _____

Address: _____

Email _____ Contact Phone Number _____

Childs First Name: _____ Middle Name _____ Last Name _____

Child's Date of Birth: ____/____/____

Section 3: Signatures

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent's Date of Birth ____/____/____

Submission Instructions

- Submit to: Nevada Lockbox 2250 Las Vegas Blvd. North, Suite 400 North Las Vegas, NV 89030
- Email: Lockbox@sos.nv.gov
- Phone: (702) 486-2887



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North Las Vegas, NV 89030
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ABOVE SPACE IS FOR OFFICE USE ONLY



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REQUEST TO NOMINATE GUARDIAN OF A MINOR FORM

(UNDER NRS 159)

Page 1

I, _____, residing at _____,
Parent Name Parent Address

am executing this notarized document as my written declaration and request for the person(s) designated below to be appointed as guardian for my child should it become necessary. I am advising the court and all persons and entities as follows:

1. As of the date I am executing this request to nominate a guardian for my child, I have the mental capacity to understand and execute this request.

2. This request pertains to a (select one box):

☐ Guardian of the Minor ☐ Guardian of the Estate of the minor ☐ Guardian of the Minor and Estate.

3. Should the need arise, I request that the court give my preference to the person(s) designated below to serve as the appointed guardian for my child, _____.
Name of Child

4. I request that my _____, _____
Insert Relationship Insert Name
serve as appointed guardian of my child.

5. If _____ is unable or unwilling to serve as my appointed guardian,
Insert Name
then I request that my _____, _____
Insert Relationship Insert Name
serve as appointed guardian of my child.



6. I do not, under any circumstances, desire to have any private, for-profit guardian serve as appointed guardian of my child.

(YOU MUST DATE AND SIGN THIS DOCUMENT)

I sign my name to this document _____ , _____
Date Parent Signature

(YOU MUST HAVE TWO QUALIFIED ADULT WITNESSES DATE AND SIGN THIS DOCUMENT)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed this request to nominate a guardian of a minor in my presence, that the principal appears to be of sound mind, has the mental capacity to understand and execute this document and is under no duress, fraud or undue influence, and that I have no interest, financial or otherwise, in the estate of the principal or minor.

Printed Name of Witness 1: _____

X _____
Signature Date

Printed Name of Witness 2: _____

X _____
Signature Date

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada

County of _____

On this _____ day of _____ , in the year _____ , before me, _____ ,
Name of Notary Public

personally appeared _____ ,
Name of Parent

_____, and _____ ,
Name of First Witness Name of Second Witness

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose names are subscribed to this instrument, and acknowledged that they have signed this instrument.

Notary Public Signature

My Commission Expires: _____

Notary Stamp