FIRST CHOICE
YOUR TRUSTED SERVICE

First Choice Mobile Notary & Apostille
(866) 828-6856
Book an Appointment Online
www.firstchoicenotary.com

How to Complete Your Florida Declaration of Preneed Guardian

Declaration Naming Preneed Guardian (Section 744.3045, Florida Statutes)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. If a court ever needs to appoint a guardian for you, this **declaration** tells the court whom you want. Under section 744.3045, the person you name is presumed entitled to serve, unless the court finds that person unqualified.

1. **Name your guardian and an alternate**
   Enter the person you want the court to appoint as your guardian if you ever become incapacitated, and an alternate in case that person cannot serve.
2. **Choose guardian of the person, property, or both**
   Check whether your choice should manage your personal care, your property and finances, or both.
3. **Sign in front of two witnesses and a notary**
   Florida requires you to sign in the presence of two witnesses who are present at the same time. First Choice can provide witnesses for an additional fee, and our notary completes the acknowledgment.

After It's Signed

- You may file the declaration with the Clerk of the Circuit Court in your county, which is generally free, so it can be found if needed.
- Give copies to the people you named and keep the original with your important papers.
- A durable power of attorney and a health care surrogate designation can often avoid the need for a guardianship altogether. We have free forms for both.

Need a Notary and Witnesses? We Come to You.

Homes • Hospitals • Care Facilities • Offices
Witnesses available for an additional fee
Florida-Commissioned Notaries • Serving Florida

Call us anytime
(866) 828-6856
Book an Appointment Online
www.firstchoicenotary.com

Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Main headquarters: 2315 Capitol Avenue, Sacramento, CA 95816.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Florida attorney. © 2026 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

DECLARATION NAMING PRENEED GUARDIAN

(Section 744.3045, Florida Statutes)

I, (full name of declarant) _____ Date of birth _____

Address _____

being a competent adult, declare that if I am ever determined to be incapacitated and a guardian is to be appointed for me, I name the following person to serve as my guardian of (check one):

- my person
- my property
- both my person and my property

Name of preneed guardian _____ Telephone _____

Address _____

If the preneed guardian named above is unwilling or unable to serve, I name the following person as my alternate preneed guardian:

Name of alternate preneed guardian _____ Telephone _____

Address _____

Additional wishes or instructions for my guardian (optional):

I understand that production of this declaration in a proceeding for incapacity creates a rebuttable presumption that the preneed guardian is entitled to serve as guardian, and that I may revoke or change this declaration at any time.

Date _____

X _____ Printed name _____

Signature of declarant

© 2026 First Choice Mobile Notary & Apostille • Serving Florida • (866) 828-6856 | www.firstchoicenotary.com

WITNESSES

Signed by the declarant in our presence, both of us being present at the same time, and we have signed below as witnesses in the presence of the declarant and of each other.

Witness 1

X _____

Signature of witness

Printed name

Address (street, city, state, ZIP)

Date

Witness 2

X _____

Signature of witness

Printed name

Address (street, city, state, ZIP)

Date

© 2026 First Choice Mobile Notary & Apostille • Serving Florida • (866) 828-6856 | www.firstchoicenotary.com

NOTARIZATION

Having this document notarized, in addition to the two witnesses, provides proof that the signature is genuine, which helps when the document is presented to hospitals, out-of-state providers, or other institutions.

NOTARY ACKNOWLEDGMENT

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of

☐ physical presence or

☐ online notarization,

this day of _____ month _____ year _____

by (name of declarant) _____

☐ Personally Known OR

☐ Produced Identification

Type of identification produced _____

X _____

Signature of Notary Public

Print, type, or stamp commissioned name of Notary Public _____

Commission number _____ Commission expires _____

(Notary seal)

© 2026 First Choice Mobile Notary & Apostille • Serving Florida • (866) 828-6856 | www.firstchoicenotary.com