



☐ CIRCUIT ☐ ORPHANS' COURT FOR \_\_\_\_\_, MARYLAND  
City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_  
Court Address

In the Matter of

\_\_\_\_\_  
Name of Minor or Alleged Disabled Person

\_\_\_\_\_  
Docket Reference

**IRREVOCABLE DESIGNATION OF PERSON ON WHOM SERVICE OF PROCESS  
MAY BE MADE  
(Estates & Trusts Art., §§ 13-207 (d) 13-707 (d))**

**NOTE:** If you do not live in Maryland but want to serve as guardian of the person or property of a minor or alleged disabled person, you must name a Maryland resident who may receive service of process on your behalf. Use this form to designate a resident. Have them sign this form then file it with the court.

I, \_\_\_\_\_, prospective guardian of the ☐ person ☐ property  
Name  
☐ person and property of \_\_\_\_\_, am a resident of the  
Name of minor or alleged disabled person  
state of \_\_\_\_\_. My relationship to the ☐ minor ☐ alleged disabled person is  
State  
\_\_\_\_\_.  
Relationship

I irrevocably designate \_\_\_\_\_ as the person on whom service  
Name of registered agent  
of process may be made in the same manner and with the same effect as if it were served on me  
personally in the state of Maryland.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax

***To be completed by the Maryland Resident:***

I, \_\_\_\_\_, a resident of the state of Maryland, accept this  
Name  
irrevocable designation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Maryland Resident

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax