

Minor (Child) Power of Attorney

1. PARTIES: For the **Minor (Child)** named _____ who was born on the _____ day of _____, 20____, hereinafter known as the "Minor",
I, _____, the **Parent** or **Court Appointed Guardian** with a street address of _____, City of _____, State of _____,

(IF CO-GUARDIAN/PARENT EXISTS)

And I, _____, the **Parent** or **Court Appointed Guardian** with a street address of _____, City of _____, State of _____,

2. APPOINTMENT: I/We hereby appoint _____ as the **Attorney-in-Fact** for the Minor who is the _____ (relation) with a street address of _____, City of _____, State of _____, hereinafter referred to as the "Attorney-in-Fact".

3. DELEGATION OF POWERS: I/We delegate to the Attorney-in-Fact the powers of:

(Initial and Check)

a) ____ - All authority that I have as the minor's parent/guardian legal under the State of _____.

b) ____ - Only the authority to _____

4. COMMENCEMENT DATE: This power of attorney document shall commence on the ____ day of _____, 20____ and end on *(Initial and Check)*:

a) ____ - The ____ day of _____, 20____.

b) ____ - In the event of my disability.

c) ____ - In the event of my death.

This document can be terminated at any time by completing a revocation or by creating a new minor power of attorney form.

5. GOVERNING LAW: This power of attorney shall be governed under the laws in the State of _____ and this terminates any prior written form.

Signatures

Parent/Court Appointed Guardian Signature _____

Printed Name _____ Date _____

Parent/Court Appointed Guardian Signature _____

Printed Name _____ Date _____

Acceptance by Attorney-in-Fact

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment; (B) understand the duties under the Power of Attorney and under the law.

Attorney-in-Fact's Signature _____

Printed Name _____ Date _____

Affirmation by Witness #1

I, _____, witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness #1's Signature _____

Printed Name _____ Date _____

Affirmation by Witness #2

I, _____, witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness #2's Signature _____

Printed Name _____ Date _____

Notary Acknowledgment

State of _____

_____ County, ss.

On this ____ day of _____, 20____, before me appeared _____, as the **Parent(s)/Court Appointed Guardian(s)** who proved to me through government issued photo identification to be the above-named person(s), in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Notary Public

Printed Name _____

My Commission Expires _____