

# DELAWARE MINOR (CHILD) POWER OF ATTORNEY FORM

1. For the Minor named \_\_\_\_\_, born on \_\_\_\_\_ (mm/dd/yyyy) (hereinafter known as the "Minor"), I, \_\_\_\_\_, the  Parent or  Court Appointed Guardian with a street address of \_\_\_\_\_,

If a co-guardian/parent exists:

And I, \_\_\_\_\_, the  Parent or  Court Appointed Guardian with a street address of \_\_\_\_\_,

2. Hereby appoint \_\_\_\_\_ as the Attorney-in-Fact for the Minor who is their \_\_\_\_\_ (relation) with a street address of \_\_\_\_\_, (hereinafter referred to as the "Attorney-in-Fact").

3. I/We delegate to the Attorney-in-Fact the following powers:  
(Initial and Check just ONE)

A. \_\_\_  - All authority that I have as the minor's parent/guardian legal under the State of Delaware.

B. \_\_\_  - Only the authority to (describe authority below):

4. This power of attorney document shall commence on \_\_\_\_\_ (mm/dd/yyyy) and end on:

(Initial and Check all that apply)

A. \_\_\_  - \_\_\_\_\_ (mm/dd/yyyy).

B. \_\_\_  - In the event of my disability (incapacitation).

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. This power of attorney shall be governed under the laws in the State of Delaware and terminates any prior written form.

**Parent/Court Appointed Guardian Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Court Appointed Guardian Signature:** \_\_\_\_\_

Print 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:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **AFFIRMATION BY WITNESS**

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 Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_

\_\_\_\_\_ County, ss.

On \_\_\_\_\_ (mm/dd/yyyy), before me appeared  
\_\_\_\_\_ (Parent/Guardian Name), as the  
Parent(s)/Court Appointed Guardian(s) who proved to me through government issued photo  
identification to be the above-named person(s), who in my presence executed the foregoing  
instrument and acknowledged that (s)he executed the same as his/her free act and deed.

\_\_\_\_\_  
**Notary Public**

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Notary Seal)