TEMPORARY DELEGATION OF PARENTAL POWERS

DC 6:10.1 Rev. 06/19

l,	, of,
(your full name)	(city where you reside)
Nebraska, do make and appoint	
	(full name of person being appointed)
(address, city and state where pers	, to act for me and in
	s regarding the care, custody and property of
• • • • • • • • • • • • • • • • • • • •	
(child's full name)	, born, (child's date of birth)
	riage and adoption of the child. I hereby give
	full authority and power to do everything
(full name of person being appointed)	
	I could or might do if personally present, for a period
•	this date. I confirm and ratify all lawful acts done, or
caused to be done by	acting under this name of person being appointed)
Delegation of Powers regarding the	e care, custody and property of my child. This
	be revoked by me at any time before the expiration of
this six-month period by written not	(full name of person being appointed) at the
address above.	(tall harte of person being appointed)
	Date
Signature	
Name	Street Address/P.O. Box
Name	Silver Address 1.0. Box
Bar Number and Firm Name (attorneys only)	City/State/ZIP Code
` , , , , , , , , , , , , , , , , , , ,	
Phone	Email Address
toto of	
tate of)	
) SS.	
ounty of)	
ne foregoing instrument was acknowledge	ed before me by, th
to torogoning motivament was donitiowisage	(Name of person certifying above)
	(p , , , , , , , , ,
, day of,	
Day Month Year No	otary Public (signature of person taking acknowledgment)
	My commission expires:
(title or rank) (serial number, if	
(Serial Humber, ii	any,