

RHODE ISLAND 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 Rhode Island.

- 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 Rhode Island 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: _____

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: _____

(Notary Seal)

My Commission Expires: _____