**SOUTH DAKOTA MINOR (CHILD) POWER OF ATTORNEY FORM**

1. For the Minor named [MINOR CHILD NAME] born on [MM/DD/YYYY] (hereinafter known as the “Minor”),

I, [PARENT / GUARDIAN NAME], the [ ]  Parent or [ ]  Court Appointed Guardian with

a street address of [STREET ADDRESS],

*If a co-guardian/parent exists:*

And I, [CO-PARENT / GUARDIAN NAME], the [ ]  Parent or [ ]  Court Appointed Guardian with a street address of [STREET ADDRESS],

1. Hereby appoint [ATTORNEY-IN-FACT NAME] as the Attorney-in-Fact for

the Minor who is their [RELATION TO CHILD] (relation) with a street address of

[STREET ADDRESS], (hereinafter referred to as the “Attorney-in-Fact”).

1. I/We delegate to the Attorney-in-Fact the following powers:

*(Initial and Check just ONE)*

1. [INITIAL] [ ]  - All authority that I have as the minor’s parent/guardian

legal under the State of South Dakota.

1. [INITIAL] [ ]  - Only the authority to [DESCRIBE AUTHORITY HERE].
2. This power of attorney document shall commence on [MM/DD/YYYY] and end on:

*(Initial and Check all that apply)*

1. [INITIAL] [ ]  - [MM/DD/YYYY].
2. [INITIAL] [ ]  - In the event of my disability (incapacitation).
3. [INITIAL] [ ]  - 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.

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

**Parent/Court Appointed Guardian Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: [PARENT / GUARDIAN NAME] Date: [MM/DD/YYYY]

**Parent/Court Appointed Guardian Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: [CO-PARENT / GUARDIAN NAME] Date: [MM/DD/YYYY]

**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:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: [ATTORNEY-IN-FACT NAME] Date: [MM/DD/YYYY]

**NOTARY ACKNOWLEDGMENT**

State of [NOTARY ONLY: STATE]

[NOTARY ONLY: COUNTY] County, ss.

On [NOTARY ONLY: MM/DD/YYYY], before me appeared

[NOTARY ONLY: PARENT/GUARDIAN NAME] (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 ONLY: PRINTED NAME]

My Commission Expires: [MM/DD/YYYY]

(Notary Seal)