

Power of Attorney over Protected Person or Minor Child

I swear that the following is true:

(1) I am the parent court-appointed guardian of _____ (name), who was born on _____ (date).

(2) I appoint the following person as my attorney-in-fact for the person named in Paragraph (1).

Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

(Check (3) OR (4), not both. If you check (4), describe the authority being delegated.)

(3) I delegate to my attorney-in-fact all power and authority that I have as a parent or guardian, except the power to consent to marriage or adoption.

(4) I delegate to my attorney-in-fact only the specific authority to:

(5) This power of attorney lasts until _____ (date). (This date must be within the next 6 months.)

(6) This power of attorney lasts even in the event of my disability.

Date _____ Sign here ► _____

Typed or printed name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

On this date, I certify that _____ (name)
who is known to me or who presented satisfactory identification, in the form of _____
(form of identification), has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: _____ Sign here ► _____

Typed or printed name _____

Notary Seal