

Delegation of Powers by Parent Minn. Stat. § 524.5-211

SIGNATURES

I swear that everything I have stated in this document is true and correct.

Parent or Guardian:

Date: _____

(sign your name)

(print your name)

Subscribed and sworn to before me

this _____ day of _____, 20____.

Notary Public

Attorney-in-Fact: *(the Attorney-in-Fact does not have to sign in front of a notary)*

I accept the responsibilities of Attorney-in-Fact for _____.
(child's name)

Date: _____

(Attorney-in-Fact signature)

(Attorney-in-Fact printed name)