## **Minor (Child) Power of Attorney Form**

l.	For the Minor named			_ born on the _	day of				
		, 20	(Hereinafter	known as the 'l	Minor')				
	l,	, th	ne   Parent or	☐ Court Appoir	nted Guardian with				
	a street address of		,	City of	······································				
	State of		·						
	(if co-guardian/parent exists)								
	And I,		, the $\square$ Parer	nt or 🏻 Court Ap	ppointed Guardian				
	with a street address	of		, City of					
		_, Sta	te of	·					
	100/a barabu ann aint			4b - A44	in Fact for				
I.	I/We hereby appoint _	<del> </del>		_ as the Attorne	y-in-Fact for				
	the Minor who is the			_, (relation) with	a street address of				
		_, City	y of	, Sta	ite of				
	(Hereinafter referred to as the 'Attorney-in-Fact')								
l.	I/We delegate to the Attorney-in-Fact the powers of:								
	(Initial and Check)								
	A □ - All authority that I have as the minor's parent/guardian								
	legal under	the S	tate of						
	В 🗆 - С	Only th	e authority to _						
IV.	This power of attorne	This power of attorney document shall commence on the day of							
	, 20	) ;	and end on:						

(Initial and Che	<u>:ck)</u>								
A	□ - The	day of		_, 20					
B □ - In the event of my disability.									
C	🗆 - In the e	vent of my d	eath.						
This document can creating a new mine		•	y completing a	a revocation or by					
V. This power of	of attorney shall	l be governe	d under the la	ws in the State of					
	and	this terminat	es any prior w	vritten form.					
Parent/Court Appoint	ted Guardian S	Signature							
Print Name									
Parent/Court Appoint	ed Guardian S	Signature		<del> </del>					
Print Name	Da	_ Date							
	does hereby a under the Powe	knowledges a ffirm that I: (A er of Attorney	and executes the and under the	this Power of Attorney, appointment; (B)					
Print Name	Da	ate	<del> </del>						
	Affirmat	tion by W	itness 1						
l,the Parent/Court Appo Guardian(s) appeared Parent/Court Appointe of this Power of Attorne	inted Guardian to me to be of s d Guardian(s) a	(s), and I affi sound mind, affirmed to m	rm that the Pa was not unde e that he/she						
Witness 1 Signature _		<del></del>	_						
Print Name	Da	ate							

## **Affirmation by Witness 2**

the Parent/Court Appointed Gua Guardian(s) appeared to me to b	ordian(s), and se of sound n n(s) affirmed	he execution of this Power of Attorney by I I affirm that the Parent/Court Appointed mind, was not under duress, and the I to me that he/she was aware of the nature and voluntarily.
Witness 2 Signature		
Print Name	Date	
Nota	ary Ackno	owledgment
State of		
County, s	SS.	
On this day of	, 2	20, before me appeared
Guardian(s) who proved to me the above-named person(s), in my packnowledged that (s)he execute	hrough gover presence exe	
Notary Public		
Print Name:		
My Commission Expires:		