**MINOR (CHILD) POWER OF ATTORNEY**

**1. The Minor**. The purpose of this Minor Power of Attorney is for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Minor’s Full Name] born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ (Hereinafter known as the ‘Minor’).

**2. The Parent(s)/Guardian(s)**. I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name(s) of Parent(s) / Guardian(s)], the ☐ Parent or ☐ Court-Appointed Guardian with a street address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Street Address], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [City], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [State].

**3. Attorney-in-Fact**. I/We hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Attorney-in-Fact], who is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Relation to Minor] of the Minor, with a street address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Street Address], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [City], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [State] (Hereinafter referred to as the ‘Attorney-in-Fact’) as the Attorney-in-Fact for the Minor.

**4. Powers**. I/We delegate to the Attorney-in-Fact the powers of: *(Initial the appropriate field(s))*

**\_\_\_\_\_\_** - All legal authority that I/we have as the minor’s parent/guardian(s) in the State of governing law.

**\_\_\_\_\_\_** - ONLY the authority to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Effective Date.** This power of attorney document shall be effective beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ and shall terminate on: *(Initial the appropriate field(s))*

**\_\_\_\_\_\_** - On the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

**\_\_\_\_\_\_** - In the event of my/our disability.

**\_\_\_\_\_\_** - In the event of my/our death(s).

Regardless of the above-mentioned termination, this Minor Power of Attorney may be terminated by the Parent/Court-Appointed Guardian executing a revocation or by creating a new Minor Power of Attorney.

**6. Governing Law**. This Minor Power of Attorney Form shall be governed under the laws in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [State] and, once effective, terminates any prior Minor Power of Attorney.

**Parent / Guardian’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment by Attorney-in-Fact**

I, the undersigned Attorney-in-Fact, acknowledge and execute this Minor Power of Attorney Form, and hereby affirm that I accept the appointment and understand the accompanying responsibilities under the Power of Attorney and under the law.

**Attorney-in-Fact’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIRMATION BY WITNESS 1**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Witness 1], swear that I witnessed the execution of this Minor Power of Attorney Form by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to be of sound mind and not under any duress. Furthermore, the Parent/Court Appointed Guardian(s) affirmed to me that they were aware of the nature and consequences of this document and signed it voluntarily and of their own free will.

**Witness 1 Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIRMATION BY WITNESS 2**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Witness 2], swear that I witnessed the execution of this Minor Power of Attorney Form by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to be of sound mind and not under any duress. Furthermore, the Parent/Court Appointed Guardian(s) affirmed to me that they were aware of the nature and consequences of this document and signed it voluntarily and of their own free will.

**Witness 2 Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ss.

On this day, the \_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, before me appeared

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Parent(s)/Court-Appointed Guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of Minor] who proved to me through government-issued photo identification to be the above-named person(s), in my presence executed foregoing instrument and acknowledged that they executed the same as their free act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public’s Signature**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_