

**POWER OF ATTORNEY FOR CARE AND CUSTODY
OF MINOR CHILD OR PROTECTED PERSON**

I am the parent _____ guardian _____ (check one) of the minor child(ren) or protected person:

_____, born on _____ (DOB)

_____, born on _____ (DOB)

1. My address is _____ (street address)
_____ (city, state, zip code)

2. I appoint the following person as my attorney-in-fact for the child(ren)/protected person named in paragraph 1.

Name _____

Address _____

City, State, Zip Code _____

3. CHOOSE/CHECK ONLY ONE OF THE FOLLOWING

_____ 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. OR

_____ I delegate to my attorney-in-fact only the specific authority to:

4. This Power of Attorney lasts until _____ (date)
(This date must be within 6 months of signing this Power of Attorney)
or until the powers of the attorney in fact are revoked by me in writing.

5. This Power of Attorney lasts even in the event of my disability or incapacity.

Dated this _____ day of _____, 20_____.

_____ (sign here)

_____ (Type or print name)

_____ (Address)

_____ (City, State, Zip)

Signed and sworn to before me this _____ day of _____, 20_____

In _____ (city), _____ (county), _____ (state).

Notary Public
