**Utah Minor Child Power of Attorney**

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:

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|  |

(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 | | | |  |