

CONNECTICUT MINOR (CHILD) POWER OF ATTORNEY

1. PARTIES.

Child name: _____ (hereinafter the "Child").

Birthdate: _____ (mm/dd/yyyy)

Parent / Guardian name: _____

Address: _____

If another parent or co-guardian exists:

Parent / Guardian name: _____

Address: _____

Hereinafter the "Parent(s)/Guardian(s)".

I/We, the Parent/Guardian, hereby appoint _____ as the Attorney-in-Fact for the Child, with a street address of _____, hereinafter the "Attorney-in-Fact".

2. POWERS.

I/We delegate the Attorney-in-Fact the following powers: (Initial and Check just ONE option)

_____ (initial if selected) - All authority that I have as the Child's legal Parent(s)/Guardian(s) under the State of Connecticut.

_____ (initial if selected) - Only the authority to _____.

3. TERM.

This Power of Attorney (the "Agreement") shall commence on _____ (mm/dd/yyyy), and shall end on: (Initial and Check all that apply)

_____ (initial if selected) - On the following date: _____ (mm/dd/yyyy).

_____ (initial if selected) - In the event of my disability (incapacitation).

_____ (initial if selected) - In the event of my death.

This Agreement can be terminated at any time by (A) completing a revocation or by (B) creating and signing a new Agreement.



4. GOVERNING LAW.

This Agreement shall be governed under the laws in the State of Connecticut.

5. PARENT/GUARDIAN SIGNATURES.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

6. ACCEPTANCE BY ATTORNEY-IN-FACT.

I, the Attorney-in-Fact, acknowledge and execute this Agreement, and by such execution hereby affirm that I accept the appointment and understand the duties under the Agreement and under Connecticut law.

Attorney-in-Fact Signature: _____

Print Name: _____ Date: _____

7. WITNESSES.

I/we witnessed the execution of this Agreement by the Parent(s)/Guardian(s), and I/we affirm that the Parent(s)/Guardian(s) appeared to be of sound mind and were not under duress. The Parent(s)/Guardian(s) affirmed to me/us that they were aware of the nature of this Agreement and signed it freely and voluntarily.

Witness 1 Signature: _____

Print Name: _____ Date: _____

Address: _____

Witness 2 Signature: _____

Print Name: _____ Date: _____

Address: _____



NOTARY ACKNOWLEDGMENT

State: _____

County: _____

On _____ (mm/dd/yyyy), before me _____ (Notary Name) appeared _____ (Parent/Guardian Name(s)), as the Parent(s)/Court Appointed Guardian(s) 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 his/her/their free act and deed.

Notary Public

Print Name: _____

My Commission Expires: _____

(Notary Seal)

