**NEW HAMPSHIRE 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”.

1. **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 New Hampshire.

[ ]  \_\_\_\_\_\_\_ (initial if selected) - Only the authority to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **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.

1. **GOVERNING LAW**.

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

1. **PARENT/GUARDIAN SIGNATURES**.

**Parent/Guardian Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

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

**Parent/Guardian Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

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

1. **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 New Hampshire law.

**Attorney-in-Fact Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

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

1. **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:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness 2 Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

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)