

# 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".

## 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 New Hampshire.
- \_\_\_\_\_ (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 New Hampshire.

**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 New Hampshire 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)

