

MINOR POWER OF ATTORNEY

I, [YOUR NAME], born on [PARENT NAME] hereby appoint [AGENT'S NAME], as my attorney-in-fact, to act on my behalf on matters regarding my minor child/children as follows:

1. To have the power to make decisions regarding the care, custody, and control of my minor child/children, [CHILD/CHILDREN'S NAMES], who was/were born on [DATE OF BIRTH], and to undertake any action necessary to provide for their welfare and best interests.
2. To make decisions regarding my minor child/children's education, health care, and other matters related to their care and well-being.
3. To perform any act necessary or desirable in carrying out the foregoing powers, including, but not limited to, signing all the required documents, making all necessary representations, and appearing in all necessary procedures.
4. To have the following specific powers: _____

_____.

Custody

Please check the appropriate box:

- The minor(s) herein mentioned is/are under the joint custody of both parents.
- The minor(s) herein mentioned is/are only under the custody of the herein subscribing parent only.

Effectiveness

This power of attorney shall start on [DATE] and shall remain in full force and effect until [DATE] unless revoked by me in writing.

IN WITNESS WHEREOF, I have hereunto set my hand this [DATE] day of [MONTH], [YEAR].

[Parent #1 signature]

[Parent #2 signature]

[Parent #1 printed name]

[Parent #2 printed name]

NOTARY ACKNOWLEDGMENT

STATE OF [STATE]

COUNTY OF [COUNTY]

On this [DATE] day of [MONTH], [YEAR], before me, a Notary Public in and for said county and state, personally appeared [YOUR NAME], known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he/she executed the same for the purposes therein contained.

[Notary Public's signature and seal]