Power of Attorney over Protected Person or Minor Child

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).		
	NameAddressCity, State, ZipPhoneE-mail		
(Chec	k (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:		
(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	
	E-mail	
certify that, who is known to me or who presented satisfactory dentification, 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	