

HOW TO FILL OUT A PARENTAL POWER OF ATTORNEY FORM

Section (1): Fill in the county in which the minor child resides.

Section (2): Fill in the full name of the custodial parent or guardian who is giving the Power of Attorney to another person.

Section (3): Fill in the relationship of the person who is giving Power of Attorney to the minor child (for example: mother).

Section (4): Fill in the full name of the minor child.

Section (5): Fill in the date of the minor child's birth date.

Section (6): Fill in the full name of the person who you wish to have parental power of attorney over the minor child.

Section 7(): Fill in the full name of the minor child.

Section (7a): Fill in the full name of the person who you wish to have parental power of attorney over the minor child.

Section (8): Fill in the date that you wish to have the parental power of attorney begin.

Section (9): The person who is giving the Parental Power of Attorney must sign their name in Section 9 in front of two witnesses and a notary' public. The witnesses will also sign in Section 9.

POWER OF ATTORNEY DELEGATING PARENT'S POWER OVER MINOR CHILD

(1) _____ County. (2) _____, being sworn,
deposes and says: I am the (3) _____ of (4) _____,
a minor, born (5) _____

I further state that pursuant to Section 405 of the Michigan Revised Probate Code, I hereby
delegate to (6) _____, whom I designate my attorney in fact forth
is purpose, all my powers as parent regarding the care, custody and property of my said minor
child, (7) _____, which are delegable under said Section 405, including
the power to consent to admission to a hospital, consent to surgical operations, consent to medical
and dental treatment, consent to receive delivery or payment of money and property due said minor
child, and consent to obtain appropriate education for said minor child.

(7a) I am delegating these powers to _____, so that I can secure a
suitable home for my minor child, and not for purposes of school or educational setting selection.
In accordance with said Section 405, this delegation does not include the power to consent to
adoption.

This delegation is made for a period of six (6) months commencing (8) _____

This Power of Attorney shall not be affected by disability of the principal and shall remain in effect
to the extent permitted by Sections 495 and 497 of the Michigan Revised Probate Code,
notwithstanding later disability or incapacity of the principal at law or later uncertainty as to
whether the principal is alive or dead.

**DO NOT WRITE BELOW THIS LINE UNLESS YOU ARE IN FRONT OF TWO
WITNESSES AND A NOTARY PUBLIC**

_____/s/_____
(Date) (Principal)

_____/s/_____
(Date) (Witness 1)

_____/s/_____
(Date) (Witness 2)

Subscribed and sworn to before me on this ____ day of ____, in the year ____ before
me _____, a Notary Public in and for the County of _____,
State of _____, personally appeared _____, who proved on the
basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this
instrument and acknowledged he/she executed same.

Notary Public _____

In and For County _____ State of _____

Acting in County of _____

My Commission Expires on _____

(seal)