

## **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

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\_\_\_\_\_  
(Date) \_\_\_\_\_ /s/ \_\_\_\_\_  
(Principal)

\_\_\_\_\_  
(Date) \_\_\_\_\_ /s/ \_\_\_\_\_  
(Witness 1)

\_\_\_\_\_  
(Date) \_\_\_\_\_ /s/ \_\_\_\_\_  
(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)