

Rhode Island Minor (Child) Power of Attorney Form

I. For the Minor named _____ born on the ____ day of _____, 20____ (Hereinafter known as the 'Minor')

I, _____, the Parent or Court Appointed Guardian with a street address of _____, City of _____, State of _____.

(if co-guardian/parent exists)

And I, _____, the Parent or Court Appointed Guardian with a street address of _____, City of _____, State of _____.

II. I/We hereby appoint _____ as the Attorney-in-Fact for the Minor who is the _____, (relation) with a street address of _____, City of _____, State of _____ (Hereinafter referred to as the 'Attorney-in-Fact')

III. I/We delegate to the Attorney-in-Fact the powers of:

(Initial and Check)

A. ____ - All authority that I have as the minor's parent/guardian legal under the State of Rhode Island.

B. ____ - Only the authority to _____

IV. This power of attorney document shall commence on the ____ day of _____, 20____ and end on:



(Initial and Check)

- A. ____ - The ____ day of _____, 20____.
- B. ____ - In the event of my disability.
- C. ____ - In the event of my death.

This document can be terminated at anytime by completing a revocation or by creating a new minor power of attorney form.

- V. This power of attorney shall be governed under the laws in the State of Rhode Island and this terminates any prior written form.

Parent/Court Appointed Guardian Signature _____

Print Name _____ Date _____

Parent/Court Appointed Guardian Signature _____

Print Name _____ Date _____

Acceptance by Attorney-in-Fact

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment; (B) understand the duties under the Power of Attorney and under the law.

Attorney-in-Fact's Signature _____

Print Name _____ Date _____

Affirmation by Witness 1

I, _____, witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature _____

Print Name _____ Date _____



Affirmation by Witness 2

I, _____, witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 2 Signature _____

Print Name _____ Date _____

Notary Acknowledgement

State of _____

_____ County, ss.

On this ____ day of _____, 20____, before me appeared

_____, 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 (s)he executed the same as his/her free act and deed.

Notary Public

Print Name: _____

My Commission Expires: _____