**Iowa Minor (Child) Power of Attorney Form**

1. For the Minor named [NAME OF MINOR] born on the [#] day of

[MONTH], [YEAR] (Hereinafter known as the ‘Minor’)

I, [NAME OF PARENT/GUARDIAN], the [ ]  Parent or [ ]  Court Appointed

Guardian with a street address of [ADDRESS], City of [CITY],

State of [STATE].

(*if co-guardian/parent exists*)

And I, [NAME OF CO-PARENT/GUARDIAN], the ☐ Parent or ☐ Court

Appointed Guardian with a street address of [ADDRESS], City of

[CITY], State of [STATE].

1. I/We hereby appoint [NAME OF ATTORNEY-IN-FACT] as the Attorney-in-Fact for

the Minor who is the [RELATION TO MINOR], with a street address of

[ADDRESS], City of [CITY], State of [STATE] (Hereinafter referred to as the ‘Attorney-in-Fact’)

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

*(Initial and Check)*

1. [INITIAL] [ ]  - All authority that I have as the minor’s parent/guardian

legal under the State of Iowa.

1. [INITIAL] [ ]  - Only the authority to [LIST POWERS].
2. This power of attorney document shall commence on the [#] day of

[MONTH, YEAR] and end on the [#} day of [MONTH, YEAR].

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

1. This power of attorney shall be governed under the laws in the State of Iowa and this terminates any prior written form.

**Parent/Court Appointed Guardian Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME OF PARENT/GUARDIAN] Date [DATE]

**Parent/Court Appointed Guardian Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME OF CO-PARENT/GUARDIAN] Date [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** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [ATTORNEY IN FACT'S NAME] Date [DATE]

**Affirmation by Witness 1**

I, [NAME OF WITNESS], 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 [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME OF WITNESS] Date [DATE]

**Affirmation by Witness 2**

I, [NAME OF WITNESS], 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 [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name [NAME OF WITNESS] Date [DATE]

**Notary Acknowledgement**

State of [STATE]

[COUNTY] County, ss.

On this [#] day of [MONTH, YEAR], before me appeared

[NAME OF PARENTS/GUARDIANS], 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.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Notary Public

Print Name: [NAME OF NOTARY AGENT]

My Commission Expires: [DATE]