Georgia Minor (Child) Power of Attorney Form

For the Minor nar	ned	born o	n the	day of
	, 20 (Hei	reinafter known a	as the 'M	inor')
l,	, the \square Pa	rent or \square Court	Appointe	ed Guardian with
a street address	of	, City of _		,
State of	·			
(<u>if co-guardian/par</u>	ent exists)			
And I,	, the [□ Parent or □ C	ourt App	ointed Guardian
with a street addr	ess of	, City	of	
	, State of			
I/We hereby appo	oint	as the <i>i</i>	Attorney	-in-Fact for
the Minor who is	the	, (relatic	on) with a	a street address of
	, City of		, State	e of
Georgia (Hereina	fter referred to as	the 'Attorney-in-	Fact')	
I/We delegate to	the Attorney-in-Fa	act the powers of	:	
(Initial and Check)				
A □]- All authority tha	at I have as the r	ninor's p	arent/guardian
legal ur	nder the State of (Georgia.		
В □	☐ - Only the autho	rity to		
This power of atto	orney document s	hall commence o	on the	day of
	, 20 and end	l on:		



	(Initial and Che	<u>eck)</u>			
	A	□ - The	day of	, 20)
	В	🗆 - In the	e event of my dis	sability.	
	C	🗆 - In th	e event of my de	ath.	
	document can			completing a rev	vocation or by
V.	This power	of attorney sh	nall be governed	under the laws ir	the State of
	Georgia and	I this termina	tes any prior wri	tten form.	
Parent/	Court Appoin	ted Guardia	n Signature		
Print Name			Date		
Parent/	Court Appoin	ted Guardia	n Signature		
Print Name			Date		
	A	cceptan	ce by Attorr	ney-in-Fact	
and by	dersigned Attor such execution	ney-in-Fact a	acknowledges ar y affirm that I: (A	•	
Attorne	ey-in-Fact's Si	gnature			
Print Na	ame		Date		
		Affirm	nation by Wi	tness 1	
the Par Guardia Parent/	ent/Court Appo an(s) appeared Court Appointe	ointed Guardi to me to be d Guardian(s	an(s), and I affiri of sound mind, v	m that the Parent vas not under dur that he/she was	wer of Attorney by /Court Appointed ress, and the aware of the nature
Witness	s 1 Signature _				
Print Na	ame		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	Acknowledgment					
State of Georgia						
County, ss.						
On this day of	, 20, before me appeared					
Guardian(s) who proved to me throu above-named person(s), in my present	, as the Parent(s)/Court Appointed agh government issued photo identification to be the ence executed foregoing instrument and he same as his/her free act and deed.					
Notary Public						
Print Name:						
My Commission Expires:						

