

NEBRASKA DELEGATION OF PARENTAL POWERS

I, _____ of _____,
(your full name) (city where you reside)

Nebraska, do make and appoint _____ of
(full name of person being appointed)

_____, to act for me and in
(address, city and state where person being appointed resides)

my name to exercise all my powers regarding the care, custody and property of

_____, born _____,
(child's full name) (child's date of birth)

except my power to consent to marriage and adoption of the child. I hereby give

_____ full authority and power to do everything
(full name of person being appointed)

necessary to be done, as fully as I could or might do if personally present, for a period not exceeding six months beyond this date. I confirm and ratify all lawful acts done, or caused to be done by _____ acting under this
(full name of person being appointed)

Delegation of Powers regarding the care, custody and property of my child. This Delegation of Parental Powers may be revoked by me at any time before the expiration of this six-month period by written notice to _____ at the
(full name of person being appointed)
address above.

WITNESS my hand this ___ day of _____, 20__.

(your signature)

ACKNOWLEDGED before me this ___ day of _____, 20__.

Notary Public



Temporary Delegation of Parental Powers, DC 6:10(1)

