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

1. For the Minor named [NAME OF MINOR] born on [DATE OF BIRTH] (Hereinafter known as the ‘Minor’)

I, [NAME OF PARENT OR GUARDIAN], the [ ]  Parent or [ ]  Court Appointed Guardian with

a street address of [ADDRESS],

(*if co-guardian/parent exists*)

And I, [NAME OF OTHER PARENT OR CO-GUARDIAN], the [ ]  Parent or [ ]  Court Appointed Guardian

with a street address of [ADDRESS].

.

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

the Minor who is the [RELATIONSHIP OF ATTORNEY-IN-FACT TO MINOR], with a street address of

[ATTORNEY-IN-FACT ADDRESS],

 (Hereinafter referred to as the ‘Attorney-in-Fact’)

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

*(Initial and Check)*

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

legal under the State of Virginia.

1. [INITIALS] [ ]  - Only the authority to [DESCRIBE POWERS]
2. This power of attorney document shall commence on [DATE POWER OF ATTORNEY BEGINS],

and end on:

*(Initial and Check)*

1. [INITIALS] [ ]  - [END DATE].
2. [END DATE] [ ]  - In the event of my disability.
3. [END DATE] [ ]  - 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.

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

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

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affirmation by Witness 1**

I, [WITNESS 1 NAME], 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 [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affirmation by Witness 2**

I, [WITNESS 2 NAME], 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 [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Acknowledgement**

State of Virginia,

[NAME OF COUNTY] County, ss.

On [DATE], before me appeared

[NAME OR NAMES OF PARENT OR GUARDIAN], 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.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Notary Public

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_