

# 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: \_\_\_\_\_