**MISSISSIPPI STATUTORY POWER OF ATTORNEY TO DELEGATE PARENTAL OR LEGAL CUSTODIAN POWERS**

1. "I certify that I am the parent or legal custodian of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Full name of minor child) (Date of birth)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Full name of minor child) (Date of birth)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Full name of minor child) (Date of birth)*

who is/are minor children.

1. I designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full name of attorney-in-fact) of

 *(Street address, city, state and zip code of attorney-in-fact)*

*(Home phone, work phone and cell phone of attorney-in-fact)*

as the attorney-in-fact of each minor child named above.

1. **[Complete either Section 3(a) or 3(b)]**
2. I delegate to the attorney-in-fact all of my power and authority

regarding the care, custody and property of each minor child named above,

including, but not limited to, the right to enroll the child in school,

inspect and obtain copies of education records and other records concerning

the child, the right to attend school activities and other functions

concerning the child, and the right to give or withhold any consent or waiver

with respect to school activities, medical and dental treatment, and any other

activity, function or treatment that may concern the child. This delegation

shall not include the power or authority to consent to marriage or adoption of

the child, the performance or inducement of an abortion on or for the child,

or the termination of parental rights to the child.

OR

1. I delegate to the attorney-in-fact the following specific powers

and responsibilities (write in): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[If Section 3(b) is completed, Section 3(a) does not apply.]**

This delegation shall not include the power or authority to consent

to: marriage or adoption of the child, performing or inducing an abortion on

or for the child, or the termination of parental rights to the child.

1. **[Complete either 4(a) or 4(b)]**
2. This power of attorney is effective for a period not to exceed

one (1) year, beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ , and ending on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ . I reservethe right to revoke this authority at

any time.

**OR**

1. I am a serving parent as defined in Section 93-31-3, Mississippi

Code of 1972. My active-duty service is scheduled to begin on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ ,and is estimated to end on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ . I reserve the right to revoke this

authority at any time. I acknowledge that in no event may this delegation of

power last more than one (1) year or the term of my active duty plus thirty

(30) days, whichever is longer.

By:

*(Parent/Legal Custodian signature)*

1. I hereby accept my designation as attorney-in-fact for the minor

child/children specified in this power of attorney.

*(Attorney-in-fact signature)*

State of Mississippi

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT**

Before me, the undersigned, a Notary Public, in and for said county and

state on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_ , personally appeared

*(Name of Parent/Legal Custodian)*

*(Name of Attorney-in-fact)*

known to me to be the persons who executed this instrument and who

acknowledged to me that each executed the same as his or her free and

voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

*(Signature of notarial officer)*

*(Seal, if any)*

 *(Title and Rank)*

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) A power of attorney that substantially conforms to the form set forth

in this section is legally sufficient if the form is properly completed and

acknowledged.