## **Utah Minor Child Power of Attorney**

ıswe	ar thai	t the following	ng is true:			
(1)	, ,					
	born	on			(date).	(name), who was
(2)	I appoint the following person as my attorney-in-fact for the person named in Paragraph (1).					
	Nan					
	Address City, State, Zip Phone E-mail					
(Chec	k (3) OF	R (4), not both	. If you check (4	), describe the au	thority being deleg	gated.)
(3)	[ ] I delegate to my attorney-in-fact all power and authority that I have as a parent or guardian, except the power to consent to marriage or adoption.					
(4)	[]	I delegate	e to my attorn	ey-in-fact only	the specific au	thority to:
						_
						_
(5)	This power of attorney lasts until (date). (This date must be within the next 6 months.)					
(6)	[]	[ ] This power of attorney lasts even in the event of my disability.				



Date	Sign nere ▶	
	Address	
	City, State, Zip	
On this date, I certify that _ who is known to me or who	presented satisfactory identificati	on, in the form of (form of identification), has, while in my
presence and while under o		ed this document and declared that it is true.
Date:	Sign here ▶	
	Typed or printed name	
	Notary Seal	

