

NEW JERSEY REVOCATION OF POWER OF ATTORNEY

I, _____ (*name*), currently residing at _____
_____ (*address*), hereby revoke
the power of attorney dated _____, 20__ (insert date)

OR

all powers of attorney executed by me prior to the date of execution of this Revocation of Power
of Attorney.

IN WITNESS WHEREOF, I have set my hand this ____ day of _____, 20__.

(signature)

(printed name)



This form was created by [FormsPal.com](https://www.FormsPal.com).

If you want to learn more about Revocation of Power of Attorney, read more in our general

category [Revocation of Power of Attorney Template](#).

Click the following link to find out more details about

[New Jersey Power of Attorney Forms](#).

To get the same document in .docx format, [click the link](#).

