$\frac{\text{NEW JERSEY POWER OF ATTORNEY}}{\text{BEHALF OF MINOR CHILD}} \underbrace{\text{ON}}$

Ι,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guardian	1
Court-Appointed Conserva	ator
of	(minor child s name), whose date of birth is
(mir	nor child s date of birth) and who currently resides at
	(minor child s address).
(Complete the additional stateme	nt if there is more than one parent/guardian/conservator)
In addition, I,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guardian	1
Court-Appointed Conserva	
of	<i>(minor child s name)</i> , whose date of birth is
(mir	nor child s date of birth) and who currently resides at
	(minor child s address).
I/We hereby appoint	(agent s name),
• 11	(486.6 2)
	in-fact) for said minor child to act for said minor child in any
lawful way with respect to the fol	•
•	legated to such minor child s agent under the laws of the State

of New Jersey, including but not limited to the power to arrange for and



and school activities or procedures; provide support, care, housing, and nourishment for the child; and to do any and all acts to protect the child and act in the child's best interests. OR 2. The limited authority to do the following: _____ Successor Attorney-in-Fact. If _____ (agent's name) is unable or unwilling to serve or to continue to serve as such minor child's attorney-in-fact for any reason, then (alternate agent's name), presently residing at (address) is hereby appointed successor attorney-in-fact hereunder. **EFFECTIVE DATE:** THIS POWER OF ATTORNEY IS EFFECTIVE ON _______, 20___ (date) AND WILL CONTINUE UNTIL ______, 20__ (date). I/WE DO NOT INTEND, BY THIS POWER OF ATTORNEY, TO RELINQUISH MY/OUR PARENTAL RIGHTS OVER AND TO THE MINOR CHILD. Signed this $_$ day of $_$, 20 $_$. (signature) (signature) (printed name) (printed name)

consent to medical treatment, the power to make decisions regarding schooling



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF NEW JERSEY	
) ss
COUNTY OF	_)
On	before me,
	(insert name and title of the officer)
personally appeared	, who proved to me on the
instrument and acknowledged tauthorized capacity(ies), and the	to be the person(s) whose name(s) is/are subscribed to the within to me that he/she/they executed the same in his/her/their nat by his/her/their signature(s) on the instrument the person(s), ich the person(s) acted, executed the instrument.
I certify under PENALTY OF foregoing paragraph is true and	PERJURY under the laws of the State of New Jersey that the l correct.
WITNESS my hand and officia	nl seal.
Signature	(seal)



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New Jersey Power of Attorney Forms.

