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

	I, (name), currently residing at	
	(aa	ddress), am the:
	Parent	
	Court-Appointed Guardian	
	Court-Appointed Conservator	
of_	(minor child s name), whose	e date of birth is
	(minor child s date of birth) and who curr	
		(minor child s address).
(Con	Complete the additional statement if there is more than one parent/gu	ardian/conservator)
	In addition, I, (name), currently	residing at
	(ad	ddress), am the:
	Parent	
	Court-Appointed Guardian	
	Court-Appointed Conservator	
of_	(minor child s name), whose	e date of birth is
	(minor child s date of birth) and who curr	rently resides at
		(minor child s address).
I/We	We hereby appoint	(agent s name),
curre	rrently residing at	
(add	ddress), as the agent (attorney-in-fact) for said minor child to act for	said minor child in any
lawf	wful way with respect to the following purpose(s):	
1.	. All authority that may be delegated to such minor child s agent un	der the laws of the State

of Montana, 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 MONTANA)			
) ss			
COUNTY OF)			
On	before me.	,		,
		(insert name ar	nd title of the officer)	
personally appeared			_, who proved to me on the	ne
basis of satisfactory evidence instrument and acknowledged authorized capacity(ies), and to or the entity upon behalf of we I certify under PENALTY OF	I to me that he/sh that by his/her/the hich the person(s	ne/they executed the saleir signature(s) on the saleir signature(s) acted, executed the	ame in his/her/their e instrument the person(s), instrument.	
foregoing paragraph is true an				
WITNESS my hand and offic	ial seal.			
Signature		(seal)		



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Montana Power of Attorney Forms.

