## $\frac{\text{WEST VIRGINIA POWER OF ATTORNEY}}{\text{ON BEHALF OF MINOR CHILD}}$

Ι,	(name), currently residing at			
	(address), am the:			
Parent				
Court-Appointed Guardi	an			
Court-Appointed Conser	vator			
of	(minor child s name), whose date of birth is			
	ninor child s date of birth) and who currently resides at			
	(minor child s address).			
(Complete the additional statem	nent if there is more than one parent/guardian/conservator)			
In addition, I,	(name), currently residing at			
	(address), am the:			
Parent				
Court-Appointed Guardi	an			
Court-Appointed Conser	vator			
of	(minor child s name), whose date of birth is			
	ninor child s date of birth) and who currently resides at			
	(minor child s address).			
TAXA 1 1				
I/We hereby appoint	(agent s name),			
, , , , , , , , , , , , , , , , , , , ,	y-in-fact) for said minor child to act for said minor child in any			
lawful way with respect to the f	following purpose(s):			
1. All authority that may be d	elegated to such minor child s agent under the laws of the State			

of West Virginia, 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 WEST VIRGINIA	A )			
	) ss			
COUNTY OF	)			
On	before me	,		,
		(insert name	e and title of the officer)	
personally appeared			, who proved to me on t	the
basis of satisfactory evidence	to be the person(	(s) whose name(s)	is/are subscribed to the with	in
instrument and acknowledged	to me that he/sh	e/they executed th	e same in his/her/their	
authorized capacity(ies), and	that by his/her/th	eir signature(s) on	the instrument the person(s)	),
or the entity upon behalf of w	hich the person(s	s) acted, executed	the instrument.	
A COLOR DEDICATE OF		.1 1 0.1 (	S	
I certify under PENALTY OF		er the laws of the S	State of West Virginia that the	ıe
foregoing paragraph is true ar	id correct.			
WITNESS my hand and office	vial seal			
WITTLESS my hand and office	nai scai.			
Signature		(seal)		



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West Virginia Power of Attorney Forms.

