

Power of Attorney for Child Custody

Date: [Insert Date]

From:

[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

To:

[Recipient's Full Name]
[Recipient's Address]
[City, State, Zip Code]

Subject: Power of Attorney for Child Custody

I, [Your Full Name], born on [Your Date of Birth], residing at [Your Address], hereby grant power of attorney to [Recipient's Full Name], born on [Recipient's Date of Birth], residing at [Recipient's Address], to act on my behalf regarding the custody of my child/children.

This power of attorney grants [Recipient's Full Name] the authority to make decisions concerning the welfare and custody of my child/children, including but not limited to:

- Medical decisions
- Educational concerns
- Travel arrangements
- Maintenance of daily care

This authorization is effective beginning on [Start Date] and shall remain in effect until revoked by me in writing.

IN WITNESS WHEREOF, I have executed this Power of Attorney on the date first above written.

[Your Signature]

[Witness Signature]
[Witness Printed Name]

[Notary Signature]

[Notary Printed Name]