

POWER OF ATTORNEY

I, _____, appoint _____
of _____ County, as my attorney of fact to care for and have custody of
_____, my natural child, born _____, _____.

I give my attorney of fact full power and authority to do and perform all and every act as I might or could do if personally present at the time, except my power to consent to marriage and adoption of this minor child, or to enroll this child in public school. This power is given pursuant to R.S. Mo. 475.024, as amended in 1985 and included at the bottom of this page.

I have signed _____ copies of this document and given it/them to the following:

_____, my attorney of fact

I understand that I may revoke this power at any time by asking to have this/these document(s) returned to me. No one can rely on a copy of this, but only on an original signed document.

This power of attorney shall remain in full force and effect for up to one year from the date signed here.

Parent's signature Date

Signed in the presence of these persons: (Witnesses should not be the attorney of fact.)

Signature Signature

Printed name Printed name

Address City Address City

R.S. Mo. 475.024. Temporary delegation of powers by parent--exceptions

A parent of a minor, by a properly executed power of attorney, may delegate to another individual, for a period not exceeding one year, any of his powers regarding care or custody of the minor child, except his power to consent to marriage or adoption of the minor child.