

**POWER OF ATTORNEY AND DELEGATION OF AUTHORITY BY  
PARENT CONCERNING MINOR CHILD (complete one for each child)**

This Power of Attorney is made on \_\_\_\_\_ (Month) \_\_\_\_\_ (Day), 20 \_\_\_\_\_.

BETWEEN:

**PARENT/GUARDIAN(S):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Whose address and telephone number are: \_\_\_\_\_  
\_\_\_\_\_

Who state there is no court order or other legal prohibitions now in effect that would prevent him/her/them from exercising this authority,

**AND ATTORNEY IN FACT:**

\_\_\_\_\_,  
(Name)

Whose address and telephone number are: \_\_\_\_\_  
\_\_\_\_\_

If only one parent is signing, or if a nonparent custodian who shares custody with a parent is signing but the parent is not, please check off reason:

- Death of one parent.
- Custody has been removed by a court of law.
- Mentally or physically unable to give consent.
- The parent has not been involved in raising or financially supporting the child for two years or a third of the life of the child, whichever is less, immediately preceding the date of the latest signature below.
- The identity or whereabouts of such parent are unknown to me.
- Despite diligent efforts described below, I was unable to reach such parent.

Diligent efforts included:

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Other, please explain:

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**I/we appoint said Attorney-in-Fact, pursuant of the provisions of N.J.S.A. 3B: 12-39, and delegate of said Attorney-in-Fact the following powers concerning the care, custody and property of my/our child/minor ward.**

\_\_\_\_\_, ("the child"), born  
on \_\_\_\_\_ day of \_\_\_\_\_ of 20 \_\_\_\_\_.

**Care-Giving.** The Attorney-in-Fact shall have temporary care-giving authority for the child/minor ward, until such time as the child/minor ward is returned to our/my physical custody, or his/her custody status is altered by a federal, state, or local agency; or changed by a court of law.

**Well-Being.** The Attorney-in-Fact shall have the power to provide for the child's/minor ward's physical and mental well-being, including but not limited to, providing food and shelter.

**Education.** The Attorney-in-Fact shall have the authority to enroll the child/minor ward in the appropriate educational institutions; obtain access to his/her school records; authorize his or her participation in school activities; and make any and all decisions related to his or her education, including, but not limited to, those related to special education.

**Health Care.** The attorney in fact shall have the authority, to the same extent that a parent/custodian/guardian would have the authority, to make medical, dental, and mental health decisions; to sign documents, waivers and releases required by a hospital or physician; to access medical, dental, or mental health records concerning the child/minor ward; to authorize the child's/minor ward's admission to or discharge from any hospital or medical care facility; to consult with any provider of health care; to consent to the provision, withholding, modification or withdrawal of any health care procedure; and to make other decisions related to the child's/minor ward's health care needs.

**Travel.** The Attorney-in-Fact shall have the authority to make travel arrangements on behalf of the child/minor ward for destinations both inside and outside of the United States by air and/or ground transportation; to accompany the child/minor ward on any such trips; and to make any and all related arrangements on behalf of the child/minor ward, including, but not limited to, hotel accommodations. The Attorney-in-Fact shall also have the power to request the Brazilian Consulate to issue passports and any necessary travel documents for the child/minor ward.

**Financial Interests.** The Attorney-in-Fact may handle any and all financial affairs and any and all personal and legal matters concerning the child/minor ward.

**All Other Powers.** The Attorney-in-Fact shall have the authority to handle and engage in any and all other matters relating to the care, custody and property of the child/minor ward which are permitted pursuant to applicable state law.

By this delegation, I/we provide that the Attorney-in-Fact's authority shall take effect upon the following activating event(s). Check all that apply:

- The execution of this document on the latest date below; or
- My attending physician concludes that I am incapacitated, and thus unable to care for my child/minor ward; or
- My attending physician concludes that I am physically debilitated, and thus unable to care for my child/minor ward; or
- I am detained in immigration detention, removed, or deported; or
- I am incarcerated based on criminal charges, including pending charges, or conviction; or
- I am deployed in military service; or
- Upon my death, if I have made no more permanent care arrangements for my minor child/minor ward; or
- Other (specify reason).

In the event that the person designated above is unable or unwilling to act as Attorney-in-Fact to my child/minor ward, I hereby name:

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(put name, address, and telephone number of alternate Attorney-in-Fact), as alternate Attorney-in-Fact to my child/minor ward.

I/we understand that this delegation will expire in six months from the execution of this document on the latest date below, and that the authority of the Attorney-in-Fact, if any, will cease, unless by that date (i) I renew this delegation, by the same process applicable to the original delegation, or; (ii) a court of competent jurisdiction appoints a custodian, guardian, or standby guardian for the child/minor award; or (iii) exigent circumstances make it impossible for me to renew this delegation, and I have not made alternative care arrangements for my child/minor award.

I/we hereby authorize that the Attorney-in-Fact as set forth above shall be provided with **a copy of my/our attending physician's statement (s), if applicable.**

In the event that an activating event occurs and a Power of Attorney is activated pursuant to this statement, I declare that it is my intention to retain full parental rights to the extent consistent with my condition and circumstances and, further, that **I retain the authority to revoke the Power of Attorney consistent with my rights herein at any time.**

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Signature of Mother  
Name of the mother

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Date of Signature

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Signature of Father Parent/Guardian #2  
Name of the father

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Date of Signature

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Signature of Attorney in Fact  
Name of the Attorney in Fact

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Date of Signature

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Witness Signature #1

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Date of Signature

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Witness Signature #2

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Date of Signature

STATE OF NEW JERSEY :  
ss.:  
COUNTY OF \_\_\_\_\_ :

BE IT REMEMBERED, that on \_\_\_\_\_ (Month), 20\_\_\_\_\_, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared \_\_\_\_\_, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

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Notary Public

STATE OF NEW JERSEY :  
ss.:  
COUNTY OF \_\_\_\_\_ :

BE IT REMEMBERED, that on \_\_\_\_\_ (Month), 20\_\_\_\_\_, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared \_\_\_\_\_, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

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Notary Public