

**POWER OF ATTORNEY DELEGATING PARENTAL POWERS**

\_\_\_\_\_, state that \_\_\_\_\_ reside at  
(I or We) Complete name(s) (I or we)  
\_\_\_\_\_, MI  
Address \_\_\_\_\_ City \_\_\_\_\_  
and am the \_\_\_\_\_ of \_\_\_\_\_ who  
(mother or father or parents) Minor's name  
was born on \_\_\_\_\_.  
Minors date of birth

Pursuant to 1978 P.A. 642, as amended by 2000 PA 54 and 2004 PA 93, MCL 700.5103,  
\_\_\_\_\_ hereby delegate to \_\_\_\_\_ whose  
(I or we) Complete name(s)  
address is \_\_\_\_\_, MI,  
Address \_\_\_\_\_ City \_\_\_\_\_  
commencing on \_\_\_\_\_ and ending on \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_  
(not to exceed six months) all of \_\_\_\_\_ parental powers regarding  
Day \_\_\_\_\_ Year \_\_\_\_\_ (my or our)  
the care, custody and property of \_\_\_\_\_, except the power  
(Minor's name)  
to consent to marriage or adoption of the minor or to release the minor for adoption.

Provided, however, if the parent is serving in the armed forces of the United States and is deployed to a foreign nation, this power of attorney is effective until the 31<sup>st</sup> day after the end of the deployment.

Dated: \_\_\_\_\_

WITNESSES:

\_\_\_\_\_  
Witnesses signature

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Witnesses signature

\_\_\_\_\_  
Parent's signature

STATE OF MICHIGAN     )  
                                          )ss.  
COUNTY OF CHEBOYGAN)

On this date \_\_\_\_\_ before me, a Notary Public, State of Michigan, County of  
Cheboygan, personally appeared \_\_\_\_\_ to be known  
to be the same person(s) described in and who executed the above instrument, who acknowledged the  
same to be \_\_\_\_\_ free act and deed.  
(his or her or their)

\_\_\_\_\_  
NOTARY PUBLIC  
Cheboygan County, Michigan  
My commission expires: \_\_\_\_\_