INSTRUCTIONS FOR FILING DELEGATION OF POWERS

Pursuant to § 26-2A-7, Code of Alabama, 1975, a parent wishing to give consent to another person for the care of their child, for a temporary period of time, must fill out one of these forms and have the document recorded in the office of the Probate Judge.

The Delegation of Powers by Parent or Guardian form is for parent(s) or guardian(s) to complete. Completing and recording this form gives the designated person(s) any power regarding to the consent to the following: **Health**, **support**, **education**, **or maintenance of the person or property of the minor child or ward.**

- This procedure does not relieve the parent(s) or guardian(s) of legal obligations to the child.
- In order to record the document the form must be **typed** and may not be handwritten.
- The form must be signed in front of a notary public before recording in the office of the Judge of Probate. No clerk in this office can assist in the preparation of this form.
- ➤ If you do not understand this procedure and do not fill out the forms correctly, it is the suggestion of this office that you seek legal advice in the preparation to insure its accuracy.

THIS DELEGATION IS GOOD FOR ONE (1) YEAR FROM THE DATE OF SIGNING. IF THE DELEGATION IS NEEDED FOR A LONGER PERIOD OF TIME, IT MUST BE RENEWED EVERY YEAR.

IT IS SUGGESTED YOU CHECK WITH THE INSTITUTION OR ORGANIZATION REQUIRING THIS FORM PRIOR TO COMPLETING THIS FORM. THIS DELEGATION IS SUBJECT TO THE RULES AND REGULATIONS OF SCHOOLS, ORGANIZATIONS, MEDICAL AND RECREATIONAL FACILITIES.

Patrick H. Davenport Judge of Probate Houston County, Alabama 462 North Oates Street Dothan, Alabama 36303

DELEGATION OF POWERS BY PARENT(S) OR GUARDIAN(S)

KNOW ALL MEN BY THESE P Code of Alabama, 1975, we								
(Mother) and						, (Fat	her),	the
natural parent(s) of						,	, a mi	nor
natural parent(s) of	do	hereby	and c	whose onstitute	date a:	of nd	birth app	is oint and
								is
GUARDIAN(s) of my/our child,						,		as
The named guardian(s) shall have a Health, support, education, or maintenar ward.		_	_					_
It is my/our intention that the per heretofore stated, except the power to conse not exceeding one year from the date here of attorney (delegation) of our parental pow of our child;	ent to mar of. We f	riage or urther un	adopti dersta	on, of saind that the	id chil nis ten	ld, for npora	a per ry po	riod wer
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The above Power of Attorney (Delegranted shall commence and be in full for powers shall remain in full force and effect	rce and e	ffect on	the da	te set for	rth be	low;	and s	
IN WITNESS WHEREOF, we he Powers) on this the day of							gation	of
	Parent/C	Guardian						
	Parent/C							

STATE OF ALABAMA HOUSTON COUNTY

	_		say that the fact	s averred		e above	acceptance	are	true
ccording to the b	est of	their knov	wledge, information	on and beli	ief;				
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			My Co	ommission		es:			

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

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the				, the		ersigne	d, who	reside	in Ho do		add	ress:
the	appointmen	t o		JARDIAN(s)			perse		and	prope	erty	of
	gation of Pov	vers e	xecuted	by								
and			20				, da	ated	the _		day	of
	We further our duties, CODE OF A	in the	best in		ninor o	child, al	l in acco	ordan	ce with	SECT		
					-	Guardia	n					
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					and							
	g duly sworn, rding to the be							abov	e acce	eptance	are	true
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				_		Notary I	Public					
				M		nmissio		es:				

REVOCATION OF POWERS BY PARENT(S) OR GUARDIAN(S)

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GUAF	RDIAN(s) o								as
	The previo	ous Delegati	on of Pow	ers by Pa	rent(s) or Gua	rdian(s)	is hereby	REVOI	KED.
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dayof				_	ed this revoca	tion of p	owers on	this the	·
day of	:			,	•				
	The delega	ation of pow	ers by par	ents was	recorded in M	isc. Boo	k .	Page	_
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				Pare	ent/Guardian				
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