

Power of Attorney

State of Maryland

County of _____

Before me, the undersigned notary public, this day personally appeared _____

_____ to me known, who being duly sworn, did
make, constitute and appoint _____ his (her) (their) true
and lawful attorney, and authorized said attorney to sign for the affiant(s) any
application for assignment of:

_____ Medical Decisions

_____ Legal Decisions

_____ Educational Decisions

_____ Personal Affairs and all other matters

for the following child(ren) _____.

This power of attorney shall be in effect from now until _____.

Date

Signature (Father) Date

Signature (Mother) Date

Sworn and subscribed to before me this _____ Day of _____, 20____.

Notary Public

Embossing Seal: Rubber Stamp Seal:

12bbb

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