

**Limited Power of Attorney**  
**Pursuant to A.R.S. §14-5104**

KNOW ALL MEN BY THESE PRESENTS: That I, \_\_\_\_\_ hereby make, constitute and appoint \_\_\_\_\_, to be my true and lawful attorney pursuant to this Limited Power of Attorney for the delegation of the powers by a parent, to stand for me and in my name, place and stead and for my use and benefit, to exercise all the powers I have regarding the care and custody of my minor child(ren) listed below, other than the power to consent to either the marriage or adoption of the minor child(ren):

- |    |               |               |       |        |
|----|---------------|---------------|-------|--------|
| 1. | _____         | _____         | _____ | _____  |
|    | Name of Child | Date of Birth | Sex   | School |
| 2. | _____         | _____         | _____ | _____  |
|    | Name of Child | Date of Birth | Sex   | School |

[Additional children may be added on an additional sheet of paper, which shall be attached to and incorporated into this Limited Power of Attorney]

This Limited Power of Attorney shall be for the period of six (6) months, beginning on the date executed and notarized below and extending for six (6) months thereafter unless I, as principal, revoke this Limited Power of Attorney in writing.

This Limited Power of Attorney shall not be affected by my disability as the principal. All acts done by my Attorney pursuant to this Limited Power of Attorney during any period of disability or incompetence or uncertainty as to whether I am dead or alive shall have the same effect and inure to the benefit of and bind me or my heirs, devisees and personal representative as if I were alive, competent and not disabled as far as the care and custody of my minor child(ren) may be concerned.

GIVING AND GRANTING unto my said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done as fully to all intents and purposes as I might or could do if personally present, hereby ratifying all that my said Attorney shall lawfully do or cause to be done by virtue of these presents regarding the care and custody of my above listed child(ren).

WITNESS my hand this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
[Signature of Parent/Guardian]

\_\_\_\_\_  
[Signature of Witness]

\_\_\_\_\_  
[Printed or Typed Name of Parent/Guardian]

\_\_\_\_\_  
[Printed or Typed Name of Witness]

State of Arizona                    )  
  ) ss.  
County of \_\_\_\_\_            )

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_  
by \_\_\_\_\_ and was witnessed by \_\_\_\_\_.

**My Commission Expires:**

\_\_\_\_\_  
Notary Public