

Revocation of Power of Attorney

In Re: _____

Case Number: _____

Regarding the Child _____

DOB _____ **SSN (optional)** XXX-XX- _____

I hereby revoke the power of attorney in which I previously authorized _____
_____ to serve as my attorney in fact regarding the care, physical
custody and control of the above named child.

By this revocation, all authority created by the power of attorney is terminated.

Signature of Person who executed
original Power of Attorney

Date

Signature of Person who executed
original Power of Attorney

Date

PRINTED NAMES OF THOSE WHO EXECUTED ORIGINAL POWER OF ATTORNEY:

Notice:

No later than 5 days after a power of attorney is revoked by the person who created it, a copy of the revocation must be filed with the court with which the power of attorney is filed.