

**POWER OF ATTORNEY**  
**INFORMATION SHEET**

**Grantor's Name** (the individual granting the power):

\_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

**Grantee's Name** (the individual receiving the power):

\_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

**Children's complete names**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Power of Attorney: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When the Power of Attorney is to begin: \_\_\_\_\_

When the Power of Attorney is to end: \_\_\_\_\_