The Delegation of Parental Authority (DOPA) form is on the next 2 pages.
After you fill out your form:

- **DO NOT sign or date the form right away.**
  You need to sign and date your DOPA in front of a notary public. Bring your photo ID because the notary public will need to check it.

  Your attorney-in-fact does NOT need to sign it in front of a notary. They do need to sign it before using it though.

- **Make copies AFTER the form is signed.**
  Make copies of your form after the notary signs and stamps it. Keep one copy for your records and give the original to your Attorney-in-Fact.

- **For more information:**
DELEGATION OF PARENTAL AUTHORITY (DOPA)
Delegation of Powers by Parent Minn. Stat. § 524.5-211

STATE OF MINNESOTA )
COUNTY OF ____________________ ) ss.

1. My name is _____________________________________________.
   (your name)
   I am the parent of _________________________________________.
   (your child's name)
   My child’s birthdate is _____________________________.
   (your child’s birthday)

2. I appoint _____________________________________________, to be my legal Attorney-
   in-Fact to have parental authority over my child, _________________________.

   Note: Attorney-in-Fact is what the person you name to care for your child is called. That person does not have to be
   an attorney.

This DOPA lasts: (check one)
□ For one year from the date of my signature
   OR
□ until ____________________________, (fill in date) which is less than one year following
   the date of my signature.

3. This DOPA gives my Attorney-in-Fact permission to care for and make decisions about my
   child named above. These decisions include, but are not limited to:
   a. Getting medical treatment for my child
   b. Enrolling my child in school
   c. Providing a home, care, and supervision of my child

4. This DOPA does not give my Attorney-in-Fact permission to consent to the marriage or
   adoption of my child.

5. I understand that by law I have to give or mail a copy of this document to any other parent
   within 30 days of signing it unless:

   a. The other parent does not have parenting time rights or has supervised parenting
      time rights
      OR
   b. There is an existing Order for Protection in effect against the other parent to protect
      me or my child.

   [SIGNATURES ON FOLLOWING PAGE – Page 2]
SIGNATURES

I swear that everything I have stated in this document is true and correct.

Parent or Guardian:

Date: ___________________________    ___________________________  
(sign your name)    (print your name)

Subscribed and sworn to before me

this _____ day of ________, 20__.

________________________________________________________________
Notary Public

Attorney-in-Fact: (the Attorney-in-Fact does not have to sign in front of a notary)

I accept the responsibilities of Attorney-in-Fact for ________________________________.

(child's name)    

Date: ___________________________    ___________________________  
(Attorney-in-Fact signature)    (Attorney-in-Fact printed name)