

Power of Attorney/ Indian Custodianship Revocation by Parent

I _____ (parent), hereby revoke my consent for _____ (custodian) to have power of attorney, and act as Indian custodian for _____ (child).

Through this revocation, I hereby revoke _____ (custodian) ability to consent to any medical treatment or hospital care of _____ (child) and/or to make any decision or acts regarding the education of said child.

Through this revocation, _____ (custodian) is relieved of their previous right and responsibility to do all acts necessary to maintain a customary standard of living and provide for the care and welfare of _____ (child).

This power of attorney/ Indian custodianship revocation shall become effective upon the date of signature. This revocation is effective indefinitely or until altered, through writing, by all parties concerned.

Dated: _____ (parent)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public in and for Alaska
My Commission expires: _____

Dated: _____(custodian)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public in and for Alaska
My Commission expires: _____