

POWER OF ATTORNEY QUESTIONNAIRE

DATE *(Office Use Only)*

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, United States Code, Section 301.
PRINCIPAL PURPOSE: To provide the information required to assist the Legal Assistance Attorney draft up a Legal Document.
ROUTINE USES: Aid in proper identification of all parties concerned and prepare an accurate Legal Document with the information provided by the client.
DISCLOSURE: Voluntary. Nondisclosure may cause problems in providing accurate information on the Legal Document.

TYPE OF POWER OF ATTORNEY

GENERAL SPECIAL

We highly discourage the use of a General Power of Attorney for a specific need.

GRANTOR'S NAME

GRADE / RANK

SSN - *(Last 4 digits)*

STATUS

SERVING IN SERVING WITH ACCOMPANYING
 ARMY AIR FORCE NAVY MARINE CORP CIVILIAN

STATE OF RESIDENCE

HOME PHONE NO.

ORGANIZATION / UNIT

WORK PHONE NO.

GRANTEE'S NAME

CITY / STATE

EXPIRATION DATE

TO DO *(What action you want done.)*

IF THE POWER OF ATTORNEY IS FOR A POV, LIST YEAR, MAKE, MODEL AND SERIAL NUMBER.

	YEAR / MAKE	MODEL	SERIAL NO. / VEHICLE IDENT NO.
1			
2			

FOR CHILD CARE, GUARDIANSHIP OR SINGLE PARENT P/A LIST CHILD(REN)'S NAME(S) AND DOB.

	NAME OF CHILD	DATE OF BIRTH
1		
2		
3		
4		
5		
6		