

**REVOCATION OF A DISTRICT OF COLUMBIA CUSTODIAL POWER OF ATTORNEY
PURSUANT TO D.C. CODE § 21-2301**

1. I, _____, am the parent of the child(ren) listed below. My
Parent's name
address is:

2. _____ is an adult whose address is:
Third party's name

3. On _____ I signed a custodial power of attorney granting to
Date
_____ parental rights and responsibilities regarding the care,
Third party's name
physical custody, and control of the following child(ren):

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

4. I hereby revoke the above-reference custodial power of attorney. I have sent written notice of this revocation in person, by regular mail, or by fax to _____ on _____. This revocation will take
Third party's name **Date**
effect upon that person's receipt of that written notice.

Signed this _____ day of _____, 20__

(Parent's Signature)

This document was acknowledged before me on
_____ (Date) by _____ (name of principal)

(Signature of notarial officer)

My commission expires: _____