



628 George Washington Hwy.
Lincoln, RI 02865
401.334.4770
brianna@rirealestatelaw.com
www.rirealestatelaw.com

DURABLE POWER OF ATTORNEY INFORMATION FORM

Please **FULLY** read and complete the applicable sections of this form. Once completed, please email this form using the contact information provided above. If you have any questions please feel free to contact us.

Name of individual who requires the power of attorney: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Name of individual who is being given the power of attorney: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Name of **alternate** individual who is being given the power of attorney: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Do you need a power of attorney for health reasons? ☐ Yes ☐ No

Do you need a power of attorney for financial reasons? ☐ Yes ☐ No