**Power of Attorney**

**I, the undersigned**………………………………………………..…….. (name) **hereby authorise**

………………………………………….. (name) to …………………………………….… take over **the vital record certificate / official certificate** (please underline as appropriate) of (name of the person whose vital record certificate / official certificate has been requested).

Dated in, on…………………..Year…. …………………Month ……………….Day

 .............................. .............................

 **Principal** **Attorney-in-fact**

Identity document No.: ……………… Identity document No.: ………………

Residence: …………………………… Residence: …………………………

……………………………………….. …………………………………….

**Witness:** ………………………………1

Identity document No.: …………….….2

Residence: ……………………………...

…………………………………………..

**Witness:** ………………………………1

Identity document No.: …………….….2

Residence: ……………………………...

…………………………………………..

\* If the applicant requests the vital statistics certificate / official certificate of another person he/she must attach the power of attorney to the application form.

1 The power of attorney must be signed legibly by the principal, the attorney-in-fact and the witnesses.

2 Please indicate the number and type of the identity document (ID card, passport).