

Power of Attorney

Signatory 1 (part 1):

Name:		Tel. no.:	
Address:		E-mail:	
Postal Code:			
City:			
Country:			

Signatory 2 (part 2):

Name:		Tel. no.:	
Address:		E-mail:	
Postal Code:			
City:			
Country:			

Authorizes power of attorney to:

Name:		Tel. no.:	
Address:		E-mail:	
Postal Code:			
City:			
Country:			
Case number:		(Not mandatory)	

With this power of attorney, the person is authorized to manage the entire process of our application with the Agency of Family Law for a Certificate of Marital Status. The abovementioned person is our representative and is now acting on our behalf.

We confirm that all future correspondence from the Agency of Family Law will go to our representative (who has power of attorney).

The power of attorney is valid for as long as the Certificate of Marital Status is valid and may also be used during a potential appeal period when a case is closed. We may at any time withdraw the power of attorney by notifying the Agency of Family Law.

Place/date	Principal signature (part 1)
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Place/date	Principal signature (part 2)
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Place/date	Authorized signature (Power of Attorney)
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