## **SPECIAL POWER OF ATTORNEY**

## **KNOW ALL MEN BY THESE PRESENTS:**

Fee Paid

O.R. No.

	That I, (full name as reflected in the passport),
	nship), of legal age, residing at (current address), and with mobile number do
name,	constitute and appoint (full name of appointee),
(citizer	nship of appointee), of legal age, and residing at (current residence of
appoin	tee) to be my true and lawful ATTORNEY-IN-FACT, to do and
perforn	n the following acts:
1.	Process and claim any or all of my following documents:  a. PSA-issued Birth Certificate; b. PSA-issued Marriage Certificate; c. PSA-issued Certificate of No Marriage Record (CENOMAR); d. PSA-issued Advisory of Marriages (AOM); and, e. Other PSA-issued document/s:
2. 3.	Having the aforementioned PSA-issued documents processed for authentication by the Department of Foreign Affairs (DFA) and claiming the same; and Having the above authenticated document be sent to my residential address in
	Germany.
	This Special Power of Attorney shall start to be effective on,
and sh	nall remain effective until (date)
	IN WITNESS WHEREOF, I have hereunto set my hand this at the Embassy Philippines, Berlin, Germany.
	Signature of Principal over printed full name
	Signed in the presence of:
	Witness Witness
	ACKNOWLEDGEMENT
Consu	ssy of the Republic of the Philippines) Ilar Section)S.S. , Germany )
foregoi togethe	BEFORE ME, duly commissioned and qualified, personally appeared (full name as reflected on ort), having exhibited to me his/her Passport No at (place of issue) at (place of issue), known to me and to me known to be the same person who executed the ing instrument and acknowledged to me that the same is his/her free and voluntary act and deed, er with two instrumental witnesses, on this (date) at the Philippine Embassy, Germany.
Service Doc. No	

Administering Officer