Republic of the Philippines )

Embassy of the Philippines )

Consular Section )

Brussels, Belgium ) s.s.

**SPECIAL POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

**I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ citizen, of legal age, and presently residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby appoint, name and constitute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Filipino citizen, of legal age, and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be my true and lawful attorney to act in, manage and conduct all my affairs and for that purpose in my name and on my behalf to do and execute any or all of the following acts, deeds, and things, to wit:

1. To secure the following documents from the Philippine Statistics Authority (PSA):
	* my birth certificate
	* my marriage certificate
	* my certificate of no marriage;
2. To have the said document authenticated/apostillized by the Department of Foreign

Affairs; and

1. To sign for the release of the above-mentioned document in connection with the

above-mentioned related tasks.

**HEREBY GIVING AND GRANTING** unto my said attorney full power and authority whatsoever requisite or proper to be done in or about the premises, as fully to all intents and purposes as I might or could lawfully do if personally present, and hereby certifying and confirming all that my said attorney shall do or cause to be done under and by virtue of these presents.

This special power of attorney shall be in effect until the completion of the object or purpose above-stated.

**IN WITNESS WHEREOF**, I have hereunto affixed my signature this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the City of Brussels, Belgium.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant

SIGNED IN THE PRESENCE OF:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WitnessSignature Over Printed Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WitnessSignature Over Printed Name |