

## POWER OF ATTORNEY

I the undersigned

(name) ..... (last name) ..... residing at  
..... holding the  
identity document Series ....., Number ..... issued on  
....., by ..... **mother/father\***  
of the child born on .....

**hereby authorize Mr/Mrs**

(name) ..... (last name) ..... residing at  
..... holding the  
identity document Series ....., Number ..... issued on  
....., by ..... to register my  
child's birth in the Civil State Registry Office of Krakow.

I            give            my            child            the            first            name/s:

..... The child's father's name is:

.....

At the same time, I am determining the degree of family relationship\*\* between me and the representative:

.....

.....  
(legible signature of the mother or  
father)

\*        delete as appropriate

\*\* enter the nature of the relationship, in the absence of a family relationship,

enter "a not-related person".