Familieretshuset

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 handle the entire process of our application with the Agency of Family law, for a certificate of marriage to be granted in Denmark. The above person is our representative and is now acting on our behalf.

We acknowledge that all correspondence from the Agency of Family law in the future will go through our representative (power of attorney).

The power of attorney ends when the Agency of Family law has completed this application.
We may withdraw the power of attorney at any time by notifying the Agency of Family law.

_____

Place/date Principal signature (part 1)

_____

Place/date Principal signature (part 2)

_____

Place/date Authorized signature (Power of Attorney)