



CIVIL REGISTRY DEPARTMENT AND VITAL STATISTICS UNIT

I, _____ AGE: _____
ADDRESS: _____
ID NUMBER: _____
PHONE NUMBER: _____

Do solemnly and sincerely declare that:

I, _____ [Full Name], hereby authorize
_____ [Authorized Person Name], residing at
_____ [Authorized Person Address], to apply for
and collect my _____ [Type of certificate] on my behalf.

Due to _____ [Reason for Unable to Apply
Personally], I am unable to apply for my _____ [Type of
certificate] in person. Therefore, I hereby grant full authority to
_____ [Authorized Person Name] to act on my behalf in all
matters relating to the application, collection, and any other necessary procedures
pertaining to obtaining my _____ [Type of certificate].

Please find enclosed a copy of my identification document for verification purposes.
I understand that _____ [Authorized Person Name] will need
to present these documents along with their own identification for authentication.

And I make this solemn declaration, conscientiously believing the same to be true;
and by virtue of the provisions of The Oaths Acts, Chapter 130 of the Laws of Belize,
Revised Edition, 2020.

Declarant's Signature

Declared and subscribed in Belize,

This _____ day of _____ 20 _____

before me,

JUSTICE OF THE PEACE
SIGNATURE AND STAMP