

Power of Attorney

Signatory 1 (partner 1, in heterosexual couples, the woman):

Name _____ Tel-No. _____
Given Name _____ eMail _____
Address _____
Postal coder _____
City _____
Country _____

and

Signatory 2 (partner 2, in heterosexual couples, the man):

Name _____ Tel-No. _____
Given Name _____ eMail _____
Address _____
Postal coder _____
City _____
Country _____

Authorizes power of attorney to:

Name:	Dieter Masche	PA-Nr.:	924526451
Company Name:	Dan-Hochzeits-Service	Tel.-Nr.:	0049.395.779 779 29
Address:	Kirchstraße 44	Mobil:	+49.152.24 24 36 56
Postal code:	D-17039	eMail:	d-h-s@mail.de
City:	Trollenhagen		
Country:	Deutschland		

With this power of attorney, the person is authorized to handle the entire process of our application with the State Administration, 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 State Administration in the future will go through our representative (*Dan-Hochzeits-Service*).

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

Place/date

Principal signature (partner 1)

Place/date

Principal signature (partner 2)