## **SPECIAL POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:**

I, **[Your Full Name]**, of legal age, single/married, Filipino citizen, and presently residing at **[Your Complete Address]**, do hereby name, constitute, and appoint:

**[Authorized Representative’s Full Name]**, of legal age, Filipino, and residing at **[Representative’s Complete Address]**,

to be my true and lawful Attorney-in-Fact, for me and in my name, place, and stead, to do and perform the following acts:

1. To file a request for the issuance of a certified true copy of the **Death Certificate** I requested with the **Philippine Statistics Authority (PSA)**;
2. To claim the said document from the PSA or its authorized delivery partner;
3. To present and submit any valid identification or supporting document required for the processing and claiming of the said document;
4. To receive, acknowledge, and sign any form or receipt necessary for the said transaction.

HEREBY GIVING AND GRANTING unto my said Attorney-in-Fact full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the premises as fully and effectively as I might or could do if personally present and acting in person, and hereby ratifying and confirming all that my said Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_\_\_\_\_\_\_***, 2025*** at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

**[Your Signature over Printed Name]** Principal

**[Authorized Representative’s Signature over Printed Name]** Attorney-in-Fact

**JURAT**

**SUBSCRIBED AND SWORN TO** before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_***, 2025***  at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines, by:

**[Name of Affiant]**, who is personally known to me or who has satisfactorily proven their identity through competent evidence of identity, and who acknowledged to me that the foregoing instrument is their voluntary act and deed.

WITNESS MY HAND AND SEAL on the date and place first above written.

**Notary Public**

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