**(First-party’s Name)**

(Address)

(City, Zip code)

(Date)

**Department of Foreign Affairs**

(Address)

(City, Zip Code)

To Whom It May Concern:

I, ***(state first-party’s name)*,** do hereby grant my **(*state relationship with bearer)***, Mr./ Mrs. ***(state name of bearer)***,permission to file and receive the authentication of my ***(insert name of document)*** on my behalf. I am unable to accomplish this task due to ***(state reason for absence).***

Attached herewith are the copies of my **(*name of 2 valid IDs)***and the **(*name of valid ID of bearer)***of the representative for further verification purposes.

Thank you very much. For any concerns and questions regarding the transaction, you may contact me at (***insert phone number).***

Sincerely,

**(*Signature over printed name)***