Month DD, YYYY

AUTHORIZATION LETTER

To whom it may concern,

This is to authorize {LAST NAME, FIRST NAME (MIDDLE INITIAL) [NAME OF THE ONE WHO REQUESTED THE DOCUMENT]}, the document owner's [RELATIONSHIP], to receive the PSA-issued birth certificate of [NAME OF THE CERTIFICATE OWNER] due to the fact that the document owner is not of legal age yet, hence, he cannot receive the requested birth certificate according to *PSA Helpline*.

The next page shows the printed scans of valid IDs of both the authorized representative and the document owner which are necessary to receive the delivered document and for verification purposes.

Sincerely,

_____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)
(Document Owner)

_____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)
(Authorized Representative)

Valid ID of the Document Owner (Front and Back of _____):

[PUT SCANS HERE]

Valid ID of the Authorized Representative (Front and Back of _____):

[PUT SCANS HERE]