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| **Authority Letter**  Collect Birth Certificate |

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| To[Receiver Name][Receiver Title][Addess][Email] |
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| From[Sender Name][Sender Title][Addess][Email] |

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| **Subject:** Authorization to Collect Birth Certificate on My BehalfDear Mr. Smith,I hope this letter finds you well. I am writing to formally authorize my spouse, Robert Doe, to collect my birth certificate on my behalf from the Department of Vital Records in the city of Springfield. I am unable to personally appear due to my disability, and I trust my spouse to act as my representative for this matter.**Please find below the details of my birth certificate and the authorized individual:*** Full Name: Jane Doe
* Date of Birth: July 10, 19XX
* Place of Birth: Springfield, IL, USA
* Birth Certificate Number: BC98765432

**Authorized Individual:*** Full Name: Robert Doe
* Relationship to Me: Spouse
* Identification Document of Authorized Individual: Driver's License (ID: DL12345678)

I have complete confidence in my spouse's ability to handle this matter responsibly and to provide all necessary documentation to verify his identity. I understand that my spouse will need to present his valid driver's license along with a copy of this letter to collect the birth certificate on my behalf.Please ensure that my spouse receives the necessary assistance and information during his visit to your office. If there are any additional requirements or forms that need to be completed, kindly inform my spouse so that he can provide all the necessary documentation.I appreciate your understanding and assistance in facilitating this process for us. If there are any fees associated with this service, please inform my spouse, and we will ensure that the necessary payment is made.Thank you for your attention to this matter. I am looking forward to a smooth and efficient process. If you have any questions or need further clarification, please do not hesitate to contact me at (555) 123-4567 or jane.doe@email.com.Sincerely,Jane Doe**Enclosure:** Copy of Robert Doe’s Driver's License |

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