



IMPACT WITH HOPE

Power of Attorney

To the competent people/organizations of _____ and for the place demand:
City, Country

For: _____
Child's first, middle and last name

Father's Name: _____
Father's Date of Birth: _____
Passport Number: _____
Place of Issue: _____
Date of Issue: _____

Mother's Name: _____
Mother's Date of Birth: _____
Passport Number: _____
Place of Issue: _____
Date of Issue: _____

We, _____,
Mother's and Father's Names

Parents of under age _____
Child's name

Certificate of Birth: _____
Place of Issue: _____
Date of Issue: _____

give our consent for guardianship of our child _____
to citizen of the U.S.A., Linda Alline Greene. Appointed guardians are obliged to defend the
legal rights and interest of the child, provide care, support, service, education and medical
treatment during the stay in the U.S.

Parents'/Guardian's Signature: _____ Date: _____

Parents'/Guardian's Signature: _____ Date: _____

The present application is certified by _____
Name of notary

Signature and Stamp of Notary _____ Date: _____