

## **Power of Attorney**

### **Signatory 1 (part 1):**

Name: tel.no.:  
Address: E-mail:  
Postal coder:  
City:  
Country:

**And**

### **Signatory 2 (part 2):**

Name: tel.no.:  
Address: E-mail:  
Postal coder:  
City:  
Country:

### **Authorizes power of attorney to:**

Name: Elena Bossen  
Company Name: Bossens Wedding Service tel.no.: +45 50297969  
Address: Damvej 26 E-mail: hallo@daenemarkheiraten.de  
Postal code: 6760  
City: Ribe  
Country: Denmark

**With this power of attorney, the person is authorized to handle the entire process of our application with the State Administration, for a certificate of marriage to be granted in Denmark. The above person is our representative and is now acting on our behalf.**

**We acknowledge that all correspondence from the State Administration in the future will go through our representative (power of attorney).**

**The power of attorney ends when the State Administration has completed this application.**

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Place/date Principal signature (part 1)

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Place/date Principal signature (part 2)