

**AUTHORIZATION TO ACT**

I hereby authorize the British Columbia central authority and the \_\_\_\_\_  
central authority under the Hague Convention on the Civil Aspects of International Child  
Abduction, and their agents, to act on my behalf and to do all things reasonable and necessary  
in connection with my application for return of or access to my child(ren), including disclosing  
personal information contained in or relating to this application to other agencies or  
authorities, whether located within or outside Canada.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

**WITNESSED BY:**

\_\_\_\_\_)  
Signature of witness

\_\_\_\_\_)  
Print name of witness

\_\_\_\_\_)  
Address of witness

\_\_\_\_\_)

\_\_\_\_\_  
Signature of applicant