

AUTHORIZATION TO ACT

I hereby authorize the British Columbia Central Authority and the Central Authority of _____ 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, including disclosing personal information related to this application to other agencies or authorities as necessary, whether located within or outside Canada.

Dated this _____ day of _____, 2025.

WITNESSED BY:

_____)	
Signature of Witness)	
)	
_____)	
Print Name of Witness)	
)	
_____)	_____
Address of Witness)	Signature of Applicant
_____)	
)	
_____)	