AUTHORIZATION FOR VERIFICATION OF RECORDS

RELATING TO	(Certificate Holder)
Place of birth: Ho	spital in County
I am (the mother of / the father of)	who was born
at your hospital on(DI	DMMYYYY).
Attached is a copy of my / his / her birth certification	ate.
I confirm that I have given the Certificate of Birth	າ of
(Certificate Holder) to the German Embassy and	the Embassy is at liberty to verify it.
Kindly accord them the necessary assistance tha	t they may require. Your urgent assistance
will be highly appreciated.	
Date and place of signature:	
Signee:	
Identity Card and / or Passport Number:	
Signature:	