

AUTHORIZATION TO ACT AS REPRESENTATIVE

Immigrant Aid Manitoba — Private Document-Assistance Service

CLIENT INFORMATION

Full Legal Name: _____

Address: _____

City / Province / Postal Code: _____

Phone / WhatsApp: _____

Email: _____

AUTHORIZATION

I, the undersigned, hereby authorize **Markus**, operating as **Immigrant Aid Manitoba**, to act as my authorized representative for the purpose of preparing and submitting an application to the **Manitoba Vital Statistics Branch** on my behalf for the following document(s):

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Regular Processing (\$75) |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Rush Processing (\$110) |
| <input type="checkbox"/> Death Certificate | |

This authorization permits Immigrant Aid Manitoba to:

- Complete and submit the official application form(s) to the Vital Statistics Branch
- Communicate with the Vital Statistics Branch regarding my application
- Receive correspondence related to this application on my behalf
- Pay the applicable government fees using funds I have provided

ACKNOWLEDGEMENTS

- I understand that Immigrant Aid Manitoba is a **private document-assistance service** and is **not affiliated** with the Government of Manitoba, the Vital Statistics Branch, or any law firm.

- I understand that final decisions, processing times, and outcomes are determined solely by the Vital Statistics Branch.
- I understand that **no refunds** will be provided once my application has been submitted. If my application is rejected, Immigrant Aid Manitoba will help me understand the reason and attempt resubmission at no additional charge.
- I understand that government fees and processing times are set by the Vital Statistics Branch and are subject to change without notice.

SIGNATURE

This document must be signed by hand. Digital or typed signatures are not accepted. Print this letter, sign below, then photograph or scan it and upload the image when completing your application.

Print Name: _____

Signature: _____

(handwritten signature required)

Date: _____

Immigrant Aid Manitoba is a private document-assistance service and is not affiliated with the Government of Manitoba or any law firm. Your personal information is collected solely for the purpose of preparing and submitting your vital statistics application and will not be shared with any third party except as required to process your application.

Contact: contact@immigrantaidmanitoba.ca | immigrantaidmanitoba.ca