



PUBLIC SERVICE CENTER
MINISTRY FOR GENERAL AFFAIRS

POWER OF ATTORNEY

I, the undersigned:

Full Name: _____

Date of Birth: _____

Place of Birth _____

Address: _____

Country: _____

Telephone: _____

Hereby gives authorization to:

Full name: _____

Date of Birth: _____

Place of Birth: _____

Country: _____

Telephone: _____

To obtain the following products on my behalf:

Please select:

- Detailed Registration Form (Census Registry Department)
- Certificate of Good Conduct (Public Service Center)

Place and date

Signature (as similar to identification provided)

Please note: The authorized person is required to provide the following when applying or picking up of aforementioned documents at the Census Registry and the Public Service Center Departments:

- A valid form of identification (Passport, or Sint Maarten ID) of the applicant and the authorized person
- The completed and signed Power of Attorney form
- Proof of CERTIFICATE OF GOOD CONDUCT payment (when picking up the application)