

**LIMITED POWER OF ATTORNEY-D
MUST BE TYPED**

**POWER OF ATTORNEY
For Representative in Astana**

We, _____ (*his name*), a citizen of the United States of America, born in _____ (*location*) _____, on _____ (*date of birth*), passport number _____ (*his passport number*) issued on _____ (*date issued*), and _____ (*her name*), a citizen of the United States of America, born in _____ (*location*) _____, on _____ (*date of birth*), passport number _____ (*her passport number*) issued on _____ (*date issued*), both currently residing at _____ (*your home address*) hereby constitute appoint Sarsenbayeva Aizhan Nasikhatovna ID number 011344335, issued by the Ministry of Internal Affairs of Republic of Kazakhstan, date of issue 12.04.2001 to represent our interest in all public, non public, administrative and other organizations and establishments of the Republic of Kazakhstan, in patronage and guardianship bodies, Akimat, Registry Office, Tax committee, Ministry of Education and Science, Ministry of Internal Affairs, Ministry of Health, Ministry of Foreign Affairs, Ministry of Justice, American Consulate and Embassy, orphanage, department of guardianship and other competent bodies, concerning adoption of a child by us on the territory of the Republic of Kazakhstan and authorizing her with corresponding rights, according to the legislation of the Republic of Kazakhstan and also to commit on behalf all legal proceedings, concerning adoption in civil legal proceedings in all judicial instances and law machinery, state, administrative, public both other organizations and establishment of the Republic of Kazakhstan with all rights provided by article 61 of Civil code of practice of the Republic of Kazakhstan, to the _____, to submit and receive on our behalf applications, certificates, inquiries both other necessary documents for registration of adoption of a child in the Republics of Kazakhstan, to receive the Birth certificate of a child, the adoption certificate, passport for travel abroad for a child, Registration Number of Taxpayer, to pay forthcoming expenses, to undersign on our behalf, to make necessary papers for travel in the United States of America, to process consular registration of the adopted child in the Ministry of Foreign Affairs, to process and receive visa for the permanent living of adopted child abroad in migration police, and also to make all actions and formalities connected with performance of this commission, with the right of reception of documents to hands.



This power of attorney can be transferred to other persons and is valid for one year.

In testimony whereof, we have hereunto set our hand and seal this _____ day of _____, 20_____.

Adoptive Mother

Adoptive Father

Date

State of _____
County of _____

On _____, before me, _____, Notary Public, personally appeared _____, personally known to me/proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

signature of notary public