Power of Attorney

Date: _____-

We, _____ and _____, _____
(name) (name) (nationality)
citizens, living at _____,
(address)
in the province or state of _____, in _____,
(province/state) (country)

Authorize and Appoint:

Mathieu Cenoble
Haiti Children's Home
#34 Ruelle des Enfants
Artiboplage, Mirebalais, Haiti

The right to proceed and make decisions in our names and in the name of our child in all matters concerning the adoption, the care and the transport of the child that we intend to adopt in Haiti, in the following particular areas:

1. For the signing of any and all documents, papers and / or forms that may be required, including medical forms that we as parents would be required to sign.

2. For the administration of all medical care and examinations necessary for said child.

3. For accompanying the said child on all necessary forms of transportation in our place.

4. For making of all necessary travel arrangements both within Haiti, in the United States and in Canada.

5. For signing any and all documentation required for or related to the making of travel arrangements that we as parents would be required to sign and any documents required for adoption in Haiti that we as parents would be required to sign. Specifically, all documents concerning the application for and the acquisition of my child's passport.

6. For representing us before the Director of the IBESR, the Ministries in Haiti, legal institutions and governmental agencies dealing with adoption.

SIGNED, SEALED AND DELIVERED BY:

_____
Signature

_____
Signature

In the presence of:

_____