办理《出生医学证明》授权委托书
Authorization Letter for Processing *Birth Certificate*

委托人 Principal: _____ 性别 Sex:_____ 出生年月 Date of Birth:_____

有效身份证件类别 Identity Card Type:_____

有效身份证件号码 Identity Card No.:_____

联系电话 Tel No.: _____

受托人 Trustee: _____ 性别 Sex:_____ 出生年月 Date of Birth:_____

有效身份证件类别 Identity Card Type:_____

有效身份证件号码 Identity Card No.:_____

联系电话 Tel No.:_____

与委托人关系 Relationship with the Principal:_____

委托人因不能亲自来北京宜和妇儿医院办理《出生医学证明》领取事宜，特委托受托人_____ 代理本人领取婴儿姓名为_____ 的《出生医学证明》。

I, _____ hereby authorized _____on my behalf to go to Tianjin Amcare Women's & Children's Hospital to collect the *Birth Certificate* with the newborn's name is _____.

凡由受托人在上述委托权利内，代理委托人行为所造成的法律结果，委托人均予以承认。

Within the above authorization, all the legal consequences caused by the Trustee should be admitted by the Principal.

委托期限自委托人签署授权委托书之日起至受托人领取《出生医学证明》之日止。

Entrusted duration is valid from the signing of the Authorization to the collection of the *Birth Certificate*

委托人签名 Client's Signature:_____ 受托人签名 Trustee's Signature:_____

_____年 YY/_____月 MM/_____日 DD/ _____年 YY/_____月 MM/_____日 DD/