

Delegation of Notary Service Authorization

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, hereby authorize **[Delegate's Full Name]**, residing at **[Delegate's Address]**, to act on my behalf in performing notary services regarding the documents specified below:

- [Document Type or Description 1]
- [Document Type or Description 2]
- [Document Type or Description 3]

This authorization is effective from **[Start Date]** until **[End Date]**.

All acts undertaken by my delegate in this capacity shall have the same force and effect as if performed by me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature]

[Your Contact Information]