



# Instructions for Registering an Enduring Power of Attorney

Name of client: .....

Address: .....

.....

Name of person being registered ("Donor"): .....

Date of birth of Donor: .....

Name of Doctor of the Donor: .....

Email address: .....

Phone number: .....

Has the medical certificate issued confirming the Donor has lost capacity to manage his/her affairs?  Y  N

*If yes, please have a copy sent to our office.*

Did Madden Law prepare the EPOA?  Y  N

*If not, please send a copy to our office.*

Civil status of the Donor:  single  married  widowed  married but separated  
 legally separated  engaged  co-habiting  civil partnership  
 divorced/civil partnership dissolved

## Details of the children of the Donor:

Name	Address
1. ....	.....
.....	.....
2. ....	.....
.....	.....
3. ....	.....
.....	.....
4. ....	.....
.....	.....
5. ....	.....
.....	.....
6. ....	.....
.....	.....

Are both Notice Parties alive?  Y  N

Is the Fair Deed Scheme being applied for?  Y  N

Is there any objection to the registration anticipated?  Y  N

## Who will be the registered Attorney?

### Attorney 1:

Name: .....

Address: .....

Relationship to Donor: .....

### Attorney 2:

Name: .....

Address: .....

Relationship to Donor: .....

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I/We confirm and declare that the Donor has lost capacity to manage his/her affairs and the Enduring Power of Attorney needs to be registered.

Signed: ..... Dated: .....

Please provide the following documents when attending for your appointment:

1. Photo ID for all attorneys
2. Proof of address for all attorneys, e.g. bank statement or utility bill



# maddenlaw

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Bryanstown Centre,  
Drogheda