



# Guide and Instructions for Making an Enduring Power of Attorney

**First name:** .....

**Surname:** .....

**Are you known by any other name?**  Y  N

**If yes, please detail:** .....

*Please bring photo ID with you*

**Current address:** .....

**Former address:** .....

*Please bring proof of address with you, bank statement, Revenue document, or a utility bill*

**Date of birth:** .....

**PPS number:** .....

**Telephone number:** .....

**Email address:** .....

**Can a draft EPOA be emailed to you at this address?**  Y  N

**Current Civil Status:**

<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> widowed	<input type="checkbox"/> deserted spouse
<input type="checkbox"/> legally separated	<input type="checkbox"/> engaged	<input type="checkbox"/> co-habiting	<input type="checkbox"/> civil partnership
<input type="checkbox"/> divorced/civil partnership dissolved			

## Details of Doctor

First name: .....

Surname: .....

Address: .....

Your doctor is required to complete a form confirming that you have mental capacity to create the Enduring Power of Attorney. We can post this or email it to your doctor.

It is advisable that this is signed by the doctor on the same day as you sign the Enduring Power of Attorney. We will advise you when this document should be signed.

**Attorney 1:**

First name: .....

Surname: .....

Address: .....

Relationship to you, if any: .....

**Attorney 2:**

First name: .....

Surname: .....

Address: .....

Relationship to you, if any: .....

**Substitute Attorney:**

First name: .....

Surname: .....

Address: .....

Relationship to you, if any: .....

The powers given to the Attorney(s) may be full powers to act on your behalf or limited. Do you wish to limit the powers given to the Attorney(s)? We will discuss this with you at your consultation.

Y  N

**Children**

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

**Notice Party 1:**

First name: .....  
Surname: .....  
Address: .....  
Relationship to you, if any: .....

**Notice Party 2:**

First name: .....  
Surname: .....  
Address: .....  
Relationship to you, if any: .....

The Notice Parties may not be your attorney. At least one Notice Party must be a spouse or child or close family member, depending on your circumstances. Two Notice Parties must be appointed. Both will receive a notice, by registered post from our office, informing them you created an Enduring Power of Attorney. They will also then receive a form signed by the Attorney of their intention to register the Enduring Power of Attorney in due course. The Notice Party then has 5 weeks to consider the application. They have the ability to object to the registration if one of the grounds of objections arise.

I confirm that I have carefully considered the above information and replied accurately to all of the questions. I acknowledge that if any of the above information or my family circumstances change that I am advised to review the Enduring Power of Attorney made. I understand that Madden Law advise only on Irish Law.

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

*Please sign here in the presence of the solicitor at your appointment.*

Please return this form to our office in advance of your consultation. Please notify us of your preferred day and time for an appointment.

Please provide the following documents when attending for your appointment:

- 1. Copy of marriage certificate, divorce order, title deeds, if applicable
- 2. Photo ID
- 3. Proof of address, e.g. bank statement or utility bill



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# maddenlaw

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Bryanstown Centre,  
Drogheda