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**INSTRUCTION SHEET FOR COMPLETION BY DONOR PRIOR
TO EXECUTION OF ENDURING POWER OF ATTORNEY**

NAME OF DONOR:

ADDRESS:

PPS NUMBER:

DATE OF BIRTH:

NAME OF ATTORNEY 1:

ADDRESS OF ATTORNEY 1:

NAME OF ATTORNEY 2:

ADDRESS OF ATTORNEY 2:

**ARE ATTORNEYS TO ACT JOINTLY,
OR JOINTLY AND SEVERALLY**

**IS THE AUTHORITY TO RELATE
TO PERSONAL CARE DECISIONS:**

Family tree setting our names, addresses and ages of relatives
Who may be entitled to receive notices under the 1996 Act

NAME OF NOTICE PARTY 1:

THEIR RELATIONSHIP TO YOU:

ADDRESS OF NOTICE PARTY 1:

NAME OF NOTICE PARTY 2:

THEIR RELATIONSHIP TO YOU:

ADDRESS OF NOTICE PARTY 2:

NAME AND ADDRESS OF DONORS G.P
OR OTHER MEDICAL
SPECIALIST WHO CAN CERTIFY
CAPACITY OF DONOR:

HAS DONOR MADE A WILL:

When attending our office, we will require you to provide us with a copy of a Photo ID such a current passport or drivers licence, a copy of a recent utility bill or bank statement evidencing your current address in compliance with money laundering legislation