

Written Authority to Obtain a Scottish Birth Certificate (Extract)

Private & Confidential

Client name: Darren Spence

Any other names used (including previous names): NA

Date of birth: 21/09/1984

Current address: 30 Dalilea Place, Glasgow G34 0EL

Telephone: 07387 948336 **Email (if used):** NA

Authorisation

I, **Darren Spence**, authorise **Aiker Legal Limited** to act on my behalf to **apply for and obtain a certified copy of my birth entry** from:

- National Records of Scotland / ScotlandsPeople, and/or
- any relevant Scottish local registration office.

This authority includes permission for **Aiker Legal Limited** to:

- submit an application
- and provide the personal information required to locate the correct record.
- pay any applicable statutory fees on my behalf (to be charged/recorded in line with our agreed terms); and

receive the certificate. Send to:

Aiker Legal Limited at: Unit 4 Edison Court, Ellice Way, Wrexham Technology Park, Wrexham LL13 7YT

sent to **me** at the address above

other safe address (please specify): _____

I understand the certificate contains **sensitive personal information**. I consent to **Aiker Legal Limited** holding and using this information only for the purposes of progressing my case and related lawful requirements, in line with their privacy information.

I understand I can **withdraw this authority at any time** by contacting the firm in writing or by email.

Details to help locate the correct birth record (as accurately as possible)

Name on birth record (if different): Darren Spence

Place of birth (town / district): Glasgow

Year of birth (or date if known): 21/09/1984

Mother's full name (including maiden surname if known): Sharon Spence

Father's full name (if known): John Sands

Any other helpful information (e.g., hospital, registration district, spelling variations):

NA

Identity verification

I understand I may be asked to provide **proof of identity** and/or supporting information if required for the application.

Print name: Darren Spence

Client signature: Darren Spence

Date: 09 / 03 / 2026

Witness name (optional): [Signature]

Witness signature (optional): [Signature] **Date:** 19, 03, 26