

Date: _____

To: BC Vital Statistics Agency
818 Fort Street
Victoria, BC

To Whom It May Concern:

Please accept this as my authorization to allow Best Search and Registry Ltd. to file a Wills Registration on my behalf.

My residential address is _____.
(Client's full residential address)

I also authorize the BC Vital Statistics Agency to mail any information confirming the Wills Registration to Best Search and Registry Ltd, 303 – 895 Fort Street, Victoria, BC V8W 1H7.

Thank you.

Yours truly,

(Client's Signature)

(Client's Printed Name)

Please complete and fax to BEST Search and Registry Ltd. at **(250) 386-2377**.