



**Secretary of State  
Power of Attorney**

**This space for use by  
Secretary of State**

**Secretary of State  
Vehicle Services Department  
501 S. Second St.  
Springfield, IL 62756  
  
www.cyberdriveillinois.com**

\_\_\_\_\_  
Name of individual appointing power of attorney

whose address is \_\_\_\_\_

does hereby make, constitute and appoint \_\_\_\_\_

whose address is \_\_\_\_\_

as the lawful attorney in fact, to sign all papers and documents required to secure Illinois title and/or registration of, or transfer interest in, the following described vehicle:

Vehicle Make: \_\_\_\_\_ Model Year: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Body Type: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

**Complete the following (if applicable):**

Purchaser's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Sale: \_\_\_\_\_

Granting to the aforesaid attorney in fact full power to do all acts as the principal might or could do if personally present; and hereby ratifying and confirming all that said attorney in fact shall lawfully do or cause to be done by virtue of the authority herein given for this purpose.

Such authority shall in no way reflect upon the State of Illinois, Secretary of State, or the Director of the Vehicle Services Department.

Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

