

Adult Guardianship Act
CERTIFICATE OF INCAPABILITY

*(Section 32 of the Adult Guardianship Act,
Section 12 of the Statutory Property Guardianship Regulation)*

[to be completed by a health authority designate]

A certificate of incapability is issued for _____
[name of adult], born _____ *[date of birth of adult]*.

The Public Guardian and Trustee of British Columbia is the statutory property guardian for _____ *[name of adult]*, and may make decisions respecting his/her financial affairs, as of the date on which this certificate of incapability was signed.

I, _____ *[name and position of health authority designate]*, am a health authority designate, designated by _____ *[prescribed body]*, and I am satisfied of all of the matters set out in section 32 (3) (a) to (e) of the *Adult Guardianship Act*.

_____ *[signature of health authority designate]*
_____ *[date]*

Contact Information for Health Authority Designate

[name of Health Authority Designate]

[address]

_____ *[telephone number]*

_____ *[fax number]*