

Lasting Power of Attorney Personal Welfare

For official use only
Date of registration

This is a Lasting Power of Attorney (LPA). It allows you (the donor) to choose someone (the attorney) to make decisions on your behalf where you lack capacity to make those decisions yourself. Your attorney(s) can only use the completed LPA after it has been registered with the Office of the Public Guardian (OPG).

Getting started

Before you complete this LPA you **must** read the prescribed information on the next three pages so that you understand the purpose and legal consequences of making an LPA. You should refer to the separate notes on how to complete this LPA when you are directed to because they will help you to complete it.

Things you will need to do to complete this LPA

- decide who to appoint as your attorney(s) in the LPA
- decide if you want to appoint a replacement attorney in case your attorney(s) cannot act for you
- decide whether you want anyone to be notified when an application is made to register your LPA and, if you do, who you want to be notified
- choose at least one independent person to provide a certificate at Part B of the LPA
- fill in part A of the LPA. Your certificate provider(s) will need to complete Part B. Your attorney(s) will need to complete Part C
- have a witness to your signature at the end of Part A of the LPA

What to do after completing this LPA

An LPA can only be used after it has been registered with the OPG, so you will need to think about when you want it to be registered. There is a fee to register an LPA. Further information about how to register an LPA and what happens following registration is available from the OPG.

Information for you, your attorney(s) and your certificate provider(s) is available from the OPG. If you have any questions about how to complete this LPA please contact the OPG.

Office of the Public Guardian
Archway Tower
London N19 5SZ
0845 330 2900
www.publicguardian.gov.uk

OPG
STAMP

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

PREScribed INFORMATION

You must read this information carefully to understand the purpose and legal consequences of making an LPA. You must ask your attorney(s) and certificate provider(s) to read it too.

This form is a legal document known as a Lasting Power of Attorney (LPA). It allows you to authorise someone (the attorney(s)) to make decisions on your behalf about your personal welfare including your healthcare, if you lack capacity to make those decisions. Your attorney(s) can only use the LPA after it is registered with the OPG.

If you want someone to make decisions about your property and affairs then you need a different form. You can get a Lasting Power of Attorney — Property and Affairs from the OPG and legal stationers.

Detailed information about why you might find an LPA useful is in the '**Guide for people who want to make a personal welfare LPA**'. You can get this from the OPG. You should read this guide before completing this LPA. You should ask your attorney(s) and certificate provider(s) to read it too.

Your attorney(s) cannot do whatever they like. They **must** follow the principles of the Mental Capacity Act 2005 which are:

- a person must be assumed to have capacity unless it is established that the person lacks capacity;
- a person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
- a person is not to be treated as unable to make a decision merely because the person makes an unwise decision;
- an act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
- before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Guidance about the principles is in the Mental Capacity Act 2005 Code of Practice. Your attorney(s) will have a duty to have regard to the Code. Copies of the Code can be obtained from Her Majesty's Stationary Office.

1. **CHOOSING YOUR ATTORNEY** Your attorney should be a person you know and trust who is at least 18. You can choose more than one attorney.
2. **CHOOSING MORE THAN ONE ATTORNEY** If you choose more than one attorney you must decide whether your attorneys should act together or together and independently (that is they can all act together but they can also act separately if they wish). You may appoint your attorneys together in respect of some matters and together and independently in respect of others. If you appoint more than one attorney and do not state whether they are appointed together or together and independently, when your LPA is registered they will be treated on the basis that they are appointed together. In this LPA form, 'together' means jointly and 'together and independently' means jointly and severally for the purposes of the Mental Capacity Act 2005.

PREScribed INFORMATION

3. **CHOOSING A REPLACEMENT ATTORNEY** You can name a replacement(s) in case an attorney is unable to or no longer wishes to continue acting for you. Your attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the OPG.
4. **WHEN AN ATTORNEY CAN ACT** An attorney for personal welfare can only act when you lack the capacity to make a particular decision yourself. There is no one point at which you are treated as having lost capacity to make decisions about your personal welfare. You may have capacity to make some decisions but not others; for example, you may be able to decide what to wear but not to consent to an operation. Your attorney(s) must help you to make as many of your own decisions as you can. When decisions have to be taken for you, your attorney(s) must always act in your best interests.
5. **DECISIONS YOUR ATTORNEY CAN MAKE FOR YOU** An attorney for personal welfare may make any decision that you could make about your welfare e.g. where you live and with whom, accessing your personal information like medical records, deciding what you wear, what you eat and how you spend your day. This is subject to the authority you give them and any decisions excluded by the Mental Capacity Act 2005. They will also be able to give and refuse consent to medical treatment according to your best interests. Your attorney(s) will only be able to make these decisions where you lack capacity to make them yourself. Some decisions will also involve property and affairs, such as a move to residential care. Your personal welfare attorney(s) will then need to consider your best interests with your attorney(s) for property and affairs (if you have one).
6. **LIFE-SUSTAINING TREATMENT** Your attorney(s) cannot make decisions about life-sustaining treatment for you unless you expressly state that in your LPA. Life-sustaining treatment means any treatment that a doctor considers necessary to sustain your life. Life-sustaining treatment is not a category of treatment. Whether or not a treatment is life-sustaining will depend on the circumstances of a particular situation. Some treatments will be life-sustaining in some situations but not in others; the important factor is if the treatment is needed to keep you alive. In the LPA you must specify whether you are giving your attorney(s) this power.
7. If you do not say that your attorney(s) can make decisions about life-sustaining treatment, the doctor in charge of your treatment will make the decision in your best interests. Where practicable and appropriate, your doctor will take into account the views of your attorney(s) and other people interested in your welfare as part of the best interests assessment. This is what happens in all cases where there is nobody authorised to take decisions on your behalf. However, if you have a separate valid and applicable advance decision, that should be followed by the doctor.
8. **RESTRICTING THE POWERS OF YOUR ATTORNEY(S) OR ADDING CONDITIONS** You can put legally binding restrictions and conditions on your attorney(s)' powers and the scope of their authority in the LPA. But these decisions may still need to be made and other people will have to decide for you. That could involve going back to your doctor or care worker or the Court of Protection and a decision being made in your best interests.
9. **GIVING GUIDANCE TO YOUR ATTORNEY** You can also give guidance to your attorney(s) in your LPA. This is not legally binding but should be taken into account when they are making decisions for you.

PREScribed INFORMATION

- 10. PAYING ATTORNEYS** An attorney is entitled to be reimbursed for out-of-pocket expenses incurred in carrying out their duties. Professional attorneys, such as solicitors or accountants, charge for their services. You should discuss and record any decision you make about paying your attorney(s) in the LPA.
- 11. NOTIFYING OTHER PEOPLE BEFORE REGISTRATION** You can name up to five people to be notified when an application to register your LPA is made. Anyone about to apply for registration of an LPA must notify these people. This gives you an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register. If you choose not to name anyone to be notified you will need to have two certificate providers under Part B of this form.
- 12. CERTIFICATE TO CONFIRM UNDERSTANDING** Once you have filled in Part A of this form an independent person must fill in the certificate at Part B to confirm that, in their opinion, you are making the LPA of your own free will, and that you understand its purpose and the powers you are giving your attorney(s). This is an important safeguard and your LPA cannot be registered unless the certificate is completed.
- 13. REGISTERING THE LPA** *Your LPA cannot be used until it has been registered with the OPG.* Either you or your chosen attorney(s) can apply to register the LPA. If you register it immediately it is ready to be used when you lack capacity. The form for registering the LPA is available from the OPG together with details of the registration fee.
- 14. REGISTER OF LPAs** There is a register of LPAs kept by the OPG. It is possible to access the register of LPAs but access is controlled. On application to the OPG, and payment of a fee, people can find out basic information about your LPA. At the discretion of the OPG and according to the purpose for which they need it, they may be able to find out further information. There is additional guidance available from the OPG on the register.
- 15. CHANGING YOUR MIND** You can cancel your LPA even after it is registered if you have the mental capacity to do so. You need to take formal steps to revoke the LPA. You must tell your attorney if you do and, if it is registered, you will need to ask the OPG to remove it from the register of LPAs.

FURTHER NOTICE FOR ATTORNEY(S)

You should read the 'Guide for people taking on the role of Personal Welfare attorney' under an LPA before you agree to become an attorney and complete Part C of this LPA. The guide contains detailed information about what your role and responsibilities will be.

You must contact the OPG at once if the person you are acting for dies. If you are unable to continue acting you should take steps to disclaim the power and notify the OPG and the donor.

FURTHER NOTICE FOR CERTIFICATE PROVIDER(S)

You should read the separate 'Certificate Providers and witness guidance' before you agree to become a certificate provider and complete Part B of this LPA. The guidance contains detailed information about your role and responsibilities. You may also like to read the guidance for personal welfare attorneys and donors. If you have any concerns about an LPA you are asked to certify please contact the OPG.

Lasting Power of Attorney – Personal Welfare

Important

This LPA form cannot be used until it has been registered by the OPG and stamped on **every** page.

Before you complete this LPA form, you must read the prescribed information on pages 2, 3 and 4 and you should read the guidance produced by the OPG.

To help you complete the form, please refer to the Notes for completing an LPA – Personal Welfare.

PART A – Donor's statement

Your details

1. My name and date of birth are:

See Note 1

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☒ Other DR

First name

Test

Middle name(s)

后

Last name

Preference

Date of birth

0	P	10	M	1	9	8	9
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Any other names you are known by or have been known by in the past
(e.g. maiden name)

See Note 2.

2. My contact details are:

See Note 3.

Address

1 Test building
TEST ROAD
B1 1TF

Postcode

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Telephone no. _____

Mobile no.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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E-mail address

8. _____

The details of the attorney(s) you are appointing

3. I appoint the following attorney(s) in accordance with the provisions of the Mental Capacity Act 2005:

See Note 4

Attorney

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other

See Note 5

First name(s) *First*

Last name *Attorney*

Attorney

☐ Mr. ☐ Mrs. ☐ Ms. ☒ Miss ☐ Other

First name(s) *Second*

Last name *Attorney*

How your attorney(s) is to act for you

If you only have one attorney please cross through this part.

4. If you are appointing more than one attorney, how do you wish them to act?

See Note 6

(If you do not choose an option your attorneys will be appointed together)

☐ together

See Note 7

☐ together and independently

☒ together in respect of some matters and together and independently in respect of others

If together in respect of some matters and together and independently in respect of others, details are as follows:

Must act together to sell my house

Replacement attorney(s)

5. I wish to appoint a replacement attorney: (You do not have to appoint a replacement attorney). See Note 8

☒ Yes ☐ No

If Yes, I appoint the following replacement attorney:

☐ Mr. ☐ Mrs. ☐ Ms. ☒ Miss ☐ Other

See Note 9

First name(s)

Replacement

Last name

Attorney

Restrictions on the appointment of a replacement attorney: (If you do not complete this section your first replacement will replace the first attorney who needs replacing).

See Note 10

Restrictions for Attorneys acting here

Life-sustaining treatment

6. You must choose **one** of the two options below:

If you cannot sign or make a mark,
please read the notes for completion.

See Note 11

Option A

I want to give my attorney(s) authority to give or refuse consent to life-sustaining treatment on my behalf

Your signature

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Date signed _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Option B

I do not want to give my attorney(s) authority to give or refuse consent to life-sustaining treatment on my behalf

Your signature

[illegible]

Date signed _____

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

In the presence of

See Note 12

Signature of
witness

© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 399–405

Full name
of witness

Address of
witness

© 2004 Blackwell Publishing Ltd, *Journal of Internal Medicine* 255: 105–112

Postcode

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Placing restrictions and/or conditions on the attorney(s) you are appointing

Any restrictions and/or conditions you set out below **must** be followed by the attorney(s). For example, if you have given your attorney(s) powers with regard to life-sustaining treatment you can comment further here about any restrictions you want to add.

7. I wish to place restrictions and/or conditions on my attorney(s) in relation to my personal welfare:

See Note 13

☒ Yes ☐ No

If Yes, the restrictions and conditions are as follows:

Restrictions

Guidance for your attorney(s) to consider

See Note 14

Your attorney(s) **should** consider the guidance set out below when making decisions in your best interests.

8. I wish my attorney(s) to consider the following guidance:

Guidance words here

9. I have agreed to pay my attorney(s) a fee to act as my attorney(s):

See Note 15

☐ Yes ☐ No

If Yes, the following is additional information about fees that I have agreed with my attorney(s):

Notifying others when an application to register your LPA is made**See Note 16**

10. I wish the following people, 'the named persons', to be notified when an application to register my LPA is made:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

Full name

Address

Postcode

Telephone no.

E-mail address

11. I confirm that ☐ I have read the prescribed information on pages 2, 3 and 4 of this LPA See Note 17

or

☐ the prescribed information has been read to me by

12. I confirm that ☐ I give my attorney(s) authority to make decisions on my behalf in See Note 18

circumstances when I lack capacity.

13. I confirm that ☐ I have chosen between Option A and option B with regard to life-sustaining See Note 19

treatment in paragraph 6 of this LPA.

14. I confirm that ☐ the person(s) named in paragraph 10 are to be notified when this LPA is registered See Note 20

or

☐ I do not want anyone to be notified when an application to register this LPA is made and I understand that I need **two** people to provide a separate certificate each at Part B of this LPA.

15. I confirm that ☐ I have chosen my certificate provider(s) myself. See Note 21

16. Signed by me as a deed See Note 22

17. Date signed (delivered as a deed)

D	D	M	M	Y	Y	Y	Y
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If you are unable to sign the form, please refer to the notes for completion and turn to page 14 of this LPA.

In the presence of

18. Signature of witness See Note 23

19. Full name of witness

20. Address of witness

Postcode

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

If you are unable to sign or make a mark, then you must ask someone else to sign for you in your presence and the presence of two witnesses. Please refer to notes 24 and 25.

I am signing this LPA at the donor's direction and in the donor's presence and I confirm that I have signed at paragraph 6 according to the donor's direction.

See Note 24

21. Signed as a deed

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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22. Date signed
(delivered as
a deed)

O	D	M	M	Y	V	V	V
---	---	---	---	---	---	---	---

23. Full name

24. Address

[illegible]

Postcode

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In the presence of

See Note 25

25. Signature of witness

26. Full name
of witness

27. Address of witness

Postcode

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28. Signature of witness

Source: U.S. Census Bureau, *U.S. Census of the Population, 1980*, vol. 1, PC80-1, Washington, D.C., 1981, table 1-10.

29. Full name
of witness

30. Address of witness

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Postcode

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PART B - Certificate provider's statement

See Note 26

Who can provide a certificate?

The donor can choose someone they have known personally over the last two years (Category A) or someone who, because of their relevant professional skills and expertise, considers themselves able to provide the certificate (Category B).

Note: Category B providers are entitled to charge a fee for providing this certificate.

Who cannot provide a certificate?

See Note 27

A certificate provider must not be:

- a member of the donor's or attorney's family;
- a business partner or paid employee of the donor or attorney(s);
- an attorney appointed in this form or another LPA or any EPA made by the donor;
- the owner, director, manager, or an employee of a care home in which the donor lives or their family member.

You, the certificate provider, **must** read Parts A and B of this LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate '**Certificate provider and witness guidance**' produced by the OPG before completing the certificate. You must discuss the LPA with the donor without the attorney(s) present.

See Note 28

☐ I confirm that I am acting independently of the person making this LPA (the donor) and the person(s) appointed under the LPA and in particular I am not a person listed in the above section 'Who cannot provide a certificate?'.

See Note 29

☐ I am aged 18 or over.

See Note 30

The certificate provider

Name and contact details of the certificate provider

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other

See Note 31

First name

Certificate

Middle name(s)

prov. dier

Last name

Address

Postcode

Telephone no.

See Note 32

Mobile no.

E-mail address

The OPG may need to contact you to verify the information you provide.

Category of certificate provider – choose from category A or B – do not complete both. See Note 33

Category A – Knowledge certification See Note 34

☒ I have known the donor personally over the last two years.

How do you know them?

Personal

Category B – Skills certification See Note 35

I am:

- | | |
|--|---|
| <input type="checkbox"/> a registered healthcare professional
(includes GP) | <input type="checkbox"/> a barrister, solicitor or advocate |
| <input type="checkbox"/> a registered social worker | <input type="checkbox"/> an Independent Mental Capacity Advocate (IMCA) |
| <input type="checkbox"/> none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider. | |

My relevant professional skills and expertise are:

I confirm and understand

☐ I confirm that I have read Parts A and B of this LPA and the prescribed information on pages 2, 3 and 4. See Note 36

☐ I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present. See Note 37

☐ I understand that I should make efforts to discuss this LPA with the donor without anyone present; and See Note 38

☐ I have discussed this LPA with the donor without anyone else present

or

☐ I have discussed this LPA with the donor in the presence of:

because

☐ I confirm that I am completing this certificate straight after discussing this LPA with the donor. See Note 39

Core certification

I certify

See Note 40

I certify that in my opinion, at the time when the donor is making this LPA, that:

- ☐ the donor understands the purpose of this LPA and the scope of the authority under it;
- ☐ no fraud or undue pressure is being used to induce the donor to create this LPA; and
- ☐ there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

--

Date signed

See Note 41

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name of certificate provider

--

Additional certificate provider's statement

See Note 42

This additional certificate only needs to be completed if there are no notified persons listed in the LPA.

Who can provide a certificate?

The donor can choose someone they have known personally over the last two years (Category A) or someone who, because of their relevant professional skills and expertise, considers themselves able to provide the certificate (Category B).

Note: Category B providers are entitled to charge a fee for providing this certificate.

Who cannot provide a certificate?

A certificate provider must not be:

- a member of the donor's or attorney's family;
- a business partner or paid employee of the donor or attorney(s);
- an attorney appointed in this form or another LPA or any EPA made by the donor;
- the owner, director, manager, or an employee of a care home in which the donor lives or their family member.

You, the certificate provider, **must** read Part A and B of this LPA, and the prescribed information on pages 2, 3 and 4. You should also read the separate 'Certificate provider and witness guidance' produced by the OPG before completing the certificate. You must discuss the LPA with the donor and without the attorney(s) present.

☐ I confirm that I am acting independently of the person making this LPA (the donor) and the person(s) appointed under the LPA and in particular I am not a person listed in the above section 'Who cannot provide a certificate?'.

☐ I am aged 18 or over.

The certificate provider

Name and contact details of certificate provider

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

First name

Cert

Middle name(s)

provider

Last name

Address

Postcode

Telephone no.

Mobile no.

E-mail address

The OPG may need to contact you to verify the information you provide.

Category of certificate provider – choose from category A or B – do not complete both

Category A – Knowledge certification

☒ I have known the donor personally over the last two years.

How do you know them?

friend

Category B – Skills certification

I am:

☐ a registered healthcare professional
(includes GP)

☐ a barrister, solicitor or advocate

☐ a registered social worker

☐ an Independent Mental Capacity Advocate (IMCA)

☐ none of the above but consider that I have the relevant professional skills and expertise to be a certificate provider.

My relevant professional skills and expertise are:

I confirm and understand

☐ I confirm that I have read Parts A and B of this LPA and the prescribed information on pages 2, 3 and 4.

☐ I confirm that I have discussed the contents of this LPA with the donor and that the attorney(s) was not present.

☐ I understand that I should make efforts to discuss this LPA with the donor without anyone present; and

☐ I have discussed this LPA with the donor without anyone else present

or

☐ I have discussed this LPA with the donor in the presence of:

because

☐ I confirm that I am completing this certificate straight after discussing this LPA with the donor.

Core certification

I certify

I certify that in my opinion, at the time when the donor is making this LPA, that:

- ☐ the donor understands the purpose of this LPA and the scope of the authority under it;
- ☐ no fraud or undue pressure is being used to induce the donor to create this LPA; and
- ☐ there is nothing else that would prevent this LPA being created.

Do not sign this certificate if you have any doubt about any of the above. You should bring any concerns you have to the attention of the OPG.

Signature of certificate provider

Date signed

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name of certificate provider

PART C – Attorney's statement (Every attorney must complete a copy of this Part) See Note 43

31. My contact details and date of birth are:

Attorney

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other

See Note 44

First name

Middle name(s)

Last name

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Telephone no.

Mobile

E-mail address

See Note 45

32. ☐ I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me.

See Note 46

33. ☐ I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under that Act.

See Note 47

34. ☐ I understand that I cannot act until this form has been registered by the Public Guardian.

See Note 48

35. ☐ I understand that I cannot act under this Lasting Power of Attorney until the donor lacks capacity.

See Note 49

36. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 16 and the certificate provider has signed the certificate)

See Note 50

37. Date signed
(delivered as
a deed)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

In the presence of

See Note 51

38. Signature of
witness

39. Full name
of witness

40. Address of
witness

Postcode

--	--	--	--	--	--	--	--	--	--

Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

PART C – Attorney's statement (Every attorney must complete a copy of this Part) See Note 43

31. My contact details and date of birth are:

Attorney

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other

See Note 44

First name

Middle name(s)

Last name

Date of birth

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Telephone no.

Mobile

See Note 45

E-mail address

32. ☐ I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me.

See Note 46

33. ☐ I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under that Act.

See Note 47

34. ☐ I understand that I cannot act until this form has been registered by the Public Guardian.

See Note 48

35. ☐ I understand that I cannot act under this Lasting Power of Attorney until the donor lacks capacity.

See Note 49

36. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 16 and the certificate provider has signed the certificate)

See Note 50

37. Date signed
(delivered as
a deed)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

In the presence of

See Note 51

38. Signature of
witness

39. Full name
of witness

40. Address of
witness

Postcode

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Important - This form **cannot** be used until it has been registered by the Office of the Public Guardian and stamped on **every** page.

PART C – Replacement attorney's statement

See Note 52

(To be completed by a replacement attorney if appointed. Only complete this if you are a replacement attorney chosen at paragraph 5.)

41. My contact details and date of birth are:

Attorney

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other _____

See Note 53.

First name

Middle name(s)

Last name

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Telephone no. _____

Mobile

E-mail address

See Note 54

42. ☐ I have read the prescribed information on pages 2, 3 and 4 or have had the prescribed information read to me.

See Note 55

43. ☐ I understand that if an original attorney's appointment is terminated I will replace the original attorney if I am still eligible to act as an attorney.

See Note 56

44. ☐ I understand that I do not have the authority to act under this LPA until such time as a relevant attorney's appointment is terminated.

See Note 57

45. ☐ I understand the duties imposed on me under this Lasting Power of Attorney including the obligation to act in accordance with the principles of the Mental Capacity Act 2005 and the duty to have regard to the Code of Practice issued under that Act.

See Note 58

46. ☐ I understand that I cannot act under this Lasting Power of Attorney until this form has been registered by the Public Guardian.

See Note 59

47. ☐ I understand that I cannot act until the donor lacks capacity.

See Note 60

48. Signed by me as a deed (You must not sign until after the donor has signed at paragraph 16 and the certificate provider has signed the certificate)

See Note 61

49. Date signed
(delivered as
a deed)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---