



Adult Guardianship Act
FORM 2: CERTIFICATE OF INCAPABILITY

(Section 32 of the *Adult Guardianship Act*, Section 10 of the Statutory Property Guardianship Regulation)
(to be completed by a health authority designate)

A Certificate of Incapability is issued for _____, born _____.
(name of adult) *(date of birth of adult - YYYY / MM / DD)*

The Public Guardian and Trustee of British Columbia is the statutory property guardian for
_____, and may make decisions respecting his/her financial affairs,
(name of adult)
as of the date on which this Certificate of Incapability was signed.

I, _____ am a health authority designate, designated by
(name and position of health authority designate)

_____, and I am satisfied of all of the matters
(prescribed body)
set out in section 32 (3) (a) to (e) of the *Adult Guardianship Act*.

Signature of Health Authority Designate	Printed Name of Health Authority Designate	
	Address	
Date Signed (YYYY / MM / DD)	Phone Number	Fax Number