BRITISH COLUMBIA

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

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