



HEALTH AUTHORITY DESIGNATE
NOTICE OF INTENTION TO ISSUE
A CERTIFICATE OF INCAPABILITY
AGA PART 2.1

Date (eg, Apr 3, 1982)

TO: Name of Recipient

Address, Postal Code

RE: Name of Adult (Last Name, First Name) Date of Birth (eg, Apr 3, 1982)

This is my notice that I intend to issue a certificate of incapability for the adult listed above. My reasons for this decision are:

Large empty rectangular box for providing reasons for the decision.

If a certificate of incapability is issued, the Public Guardian and Trustee of BC will become statutory property guardian for the adult and may make decisions respecting his/her financial affairs.

If you wish to respond to this notice, for example, by correcting or providing information to be taken into consideration before a final decision to issue a certificate of incapability is made, please send a response to or contact me on or before the response date listed below.

Response Date (eg, Apr 3, 1982)

Table with 3 columns: Signature of Health Authority Designate, Name of Health Authority Designate, Address, Date Signed (eg, Apr 3, 1982), Phone, Fax