



Office of the
Public Guardian

Helpline
0300 456 0300



Lasting power of attorney for health and welfare

Section 1 The donor

You are appointing other people to make decisions on your behalf.
You are 'the donor'.

Restrictions – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').



Help?

For help with this section, see the Guide, part A1.

If you are filling this in for a friend or relative and they can no longer make decisions independently, they can't make an LPA. See the Guide 'Before you start' for more information.

Title	First names		
Mrs	Ann		
Last name			
Other			
Any other names you're known by (optional – eg your married name)			
N/A			
Date of birth			
03	05	19	47
Day	Month	Year	
Address			
156 First Line Road			
Town			
County			
Postcode	PO12 3ST		
Email address (optional)			
N/A@N/A.com			

For OPG office use only

LPA registration date	OPG reference number		
15	7000-0000-0001		
01			
2016			
Day	Month	Year	

Only valid with the official stamp here.

LPIH Health and welfare (07.15)

SAMPLE

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