



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	
0 3	0 5 1 9 4 7
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

1 5 0 1 2 0 1 6

Day Month Year

OPG reference number

7000-0000-0001

Only valid with the official stamp here.

LPIH Health and welfare (07.15)

SAMPLE