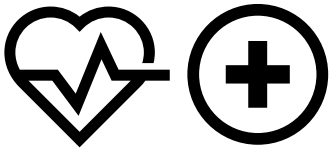
Click here to reset form | Click here to print form

Office of the Public Guardian

Form

LP1H

Lasting power of attorney



Health and care decisions

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

For the current lasting power of attorney fee please see:

www.gov.uk/power-of-attorney/register

or call
0300 456 0300

Use this for:

- the type of health care and medical treatment you receive, including life-sustaining treatment
- where you live
- day-to-day matters such as your diet and daily routine

How to complete this form

PLEASE WRITE IN CAPITAL LETTERS USING A BLACK PEN

☒ Mark your choice with an X

■ If you make a mistake, fill in the box and then mark the correct choice with an X

Don't use correction fluid. Cross out mistakes and rewrite nearby. Everyone involved in each section must initial each change.

Making an LPA online is simpler, clearer and faster

Our smart online form gives you just the right amount of help exactly when you need it: **www.gov.uk/power-of-attorney**

Before you start...

This form is also available in Welsh. Call the helpline on 0300 456 0300.

The people involved in your LPA

Help line
0300 456 0300

You'll find it easier to make an LPA if you first choose the people you want to help you. **Note their names here now** so you can refer back later.

People you must have to make an LPA

Donor

If you are filling this form in for yourself, you are the donor. If you are filling this in for a friend or relative, they are the donor.

Attorneys

Attorneys are the people you pick to make decisions for you. They don't need legal training.

They should be people you trust and know well; for example, your husband, wife, partner, adult children or good friends.

Choose one attorney or more. If you have a lot, they might find it hard to make decisions together.

Certificate provider

You need someone to confirm that no one is forcing you to make an LPA and you understand what you are doing. This is your 'certificate provider'. They must either:

- have relevant professional skills, such as a doctor or lawyer
- have known you well for at least two years, such as a friend or colleague

Some people can't be a certificate provider. See the list in the Guide, part A10.

Witnesses

You can't witness your attorneys' signatures and they can't witness yours. Anyone else over 18 years old can be a witness.

People you might want to include in your LPA

Replacement attorneys

You don't have to appoint replacement attorneys but they help protect your LPA. Without them, your LPA might not work if one of your original attorneys stops acting for you.

People to notify

'People to notify' add security. They can raise concerns about your LPA before it's registered – for example, if they think you are under pressure to make the LPA.

SAMPLE
MADE-UP DETAILS - NOT A REAL LPA

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').

Title: Mrs

First names: Jane Elizabeth

Last name: Sample

Any other names you're known by (optional – eg your married name):

Date of birth: 14 (Day) 03 (Month) 1950 (Year)

Address:
1 Test Street
Exampleton
Postcode: EX1 1AA

Email address (optional): buyer@example.test

For OPG office use only

LPA registration date: Day Month Year

OPG reference number:

Only valid with the official stamp here.

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.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Section 2

The attorneys

Helpline
0300 456 0300

The people you choose to make decisions for you are called your 'attorneys'. Your attorneys don't need special legal knowledge or training. They should be people you trust and know well. Common choices include your husband, wife or partner, son or daughter, or your best friend.

You need at least one attorney, but you can have more.

You'll also be able to choose 'replacement attorneys' in section 4. They can step in if one of the attorneys you appoint here can no longer act for you.

Restrictions – Attorneys must be at least 18 years old and must have mental capacity to make decisions.

Help?

For help with this section, see the Guide, part A2.

SAMPLE
MADE UP DETAILS, NOT A REAL LPA

Title: Mr
First names: Peter
Last name: Sample
Date of birth: 01 07 1949 (Day Month Year)
Address: 2 Sample Road, Exampleton
Postcode: EX2 2BB
Email address (optional):

Title: Ms
First names: Lucy
Last name: Sample
Date of birth: 23 11 1978 (Day Month Year)
Address: 2 Sample Road, Exampleton
Postcode: EX2 2BB
Email address (optional):

Title | First names

Last name

Date of birth

Day | Month | Year

Address

Postcode

Email address (optional)

Title | First names

Last name

Date of birth

Day | Month | Year

Address

Postcode

Email address (optional)

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

☐ **More attorneys –** I want to appoint more than 4 attorneys. Use Continuation sheet 1.

Section 3

How should your attorneys make decisions?

You need to choose whether your attorneys can make decisions on their own or must agree some or all decisions unanimously.

Whatever you choose, they must always act in your best interests.

☐ **I only appointed one attorney** (turn to section 4)

How do you want your attorneys to work together? (tick one only)

☑ **Jointly and severally**

Attorneys can make decisions on their own or together. Most people choose this option because it's the most practical. Attorneys can get together to make important decisions if they wish, but can make simple or urgent decisions on their own. It's up to the attorneys to choose when they act together or alone. It also means that if one of the attorneys dies or can no longer act, your LPA will still work.

If one attorney makes a decision, it has the same effect as if all the attorneys made that decision.

☐ **Jointly**

Attorneys must agree unanimously on every decision, however big or small. Remember, some simple decisions could be delayed because it takes time to get the attorneys together. If your attorneys can't agree a decision, then they can only make that decision by going to court.

Be careful – if one attorney dies or can no longer act, all your attorneys become unable to act. This is because the law says a group appointed 'jointly' is a single unit. Your LPA will stop working unless you appoint at least one replacement attorney (in section 4).

☐ **Jointly for some decisions, jointly and severally for other decisions**

Attorneys must agree unanimously on some decisions, but can make others on their own. If you choose this option, you must list the decisions your attorneys should make jointly and agree unanimously on Continuation sheet 2. The wording you use is important. There are examples in the Guide, part A3.

Be careful – if one of your attorneys dies or can no longer act, none of your attorneys will be able to make any of the decisions you've said should be made jointly. Your LPA will stop working for those decisions unless you appoint at least one replacement attorney (in section 4). Your original attorneys will still be able to make any of the other decisions alongside your replacement attorneys.

Help?

For help with this section, see the Guide, part A3.

If you choose 'jointly for some decisions…', you may want to take legal advice, particularly if the examples in part A3 of the Guide don't match your needs.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Section 4

Replacement attorneys

Helpline
0300 456 0300

This section is optional, but we recommend you consider it

Replacement attorneys are a backup in case one of your original attorneys can't make decisions for you any more.

Reasons replacement attorneys step in – if one of your original attorneys dies, loses capacity, no longer wants to be your attorney or is no longer legally your husband, wife or civil partner.

Restrictions – replacement attorneys must be at least 18 years old and have mental capacity to make decisions.

Help?

For help with this section, see the Guide, part A4.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Title | First names

Mark

Last name

Trial

Date of birth

0 2 (Day) | 0 2 (Month) | 1 9 8 0 (Year)

Address

2 Sample Road

Exampleton

Postcode EX2 2BB

Title | First names

Last name

Date of birth

Day | Month | Year

Address

Postcode

☐ **More replacements –** I want to appoint more than two replacements. Use Continuation sheet 1.

When and how your replacement attorneys can act

Replacement attorneys usually step in when one of your **original** attorneys stops acting for you. If there's more than one **replacement** attorney, they will all step in at once. If they **fully** replace your original attorney(s) at once, they will usually act jointly. You can change some aspects of this, but most people don't. See the Guide, part A4.

You should consider taking legal advice if you want to change how your replacement attorneys act.

☐ I want to change when or how my attorneys can act (optional). Use Continuation sheet 2.

Only valid with the official stamp here.

Section 5

Life-sustaining treatment

Helpline
0300 456 0300

! This is an important part of your LPA.

You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf.

Life-sustaining treatment means care, surgery, medicine or other help from doctors that's needed to keep you alive, for example:

- a serious operation, such as a heart bypass or organ transplant
- cancer treatment
- artificial nutrition or hydration (food or water given other than by mouth)

Whether some treatments are life-sustaining depends on the situation. If you had pneumonia, a simple course of antibiotics could be life-sustaining.

Decisions about life-sustaining treatment can be needed in unexpected circumstances, such as a routine operation that didn't go as planned.

You can use section 7 of this LPA to let your attorneys know more about your preferences in particular circumstances (this is optional).

Help?

For help with this section, including how your LPA relates to an 'advance decision', see the Guide, part A5.

Who do you want to make decisions about life-sustaining treatment? (sign only one option)

Option A – I give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your attorneys can speak to doctors on your behalf as if they were you.

Signature or mark

Date signed or marked

Day Month Year

Option B – I do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf.

If you choose this option, your doctors will take into account the views of the attorneys and of people who are interested in your welfare as well as any written statement you may have made, where it is practical and appropriate.

Signature or mark

Date signed or marked

Day Month Year

Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

Full name of witness

Address

Postcode

SAMPLE
MADE UP DETAILS, NOT A REAL LPA

Only valid with the official stamp here.

Section 6

People to notify when the LPA is registered

Helpline
0300 456 0300

This section is optional

You can let people know that you're going to register your LPA. They can raise any concerns they have about the LPA – for example, if there was any pressure or fraud in making it.

When the LPA is registered, the person applying to register (you or one of your attorneys) must send a notice to each 'person to notify'.

You can't put your attorneys or replacement attorneys here.

People to notify can object to the LPA, but only for certain reasons (listed in the notification form LP3). After that, they are no longer involved in the LPA. Choose people who care about your best interests and who would be willing to speak up if they were concerned.

Help?

For help with this section, see the Guide, part A6.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Title | First names

Last name

Address

Postcode

Title | First names

Last name

Address

Postcode

Title | First names

Last name

Address

Postcode

Title | First names

Last name

Address

Postcode

☐ I want to appoint another person to notify (maximum is 5) – use Continuation sheet 1.

Only valid with the official stamp here.

Section 7

Preferences and instructions

Helpline
0300 456 0300

This section is optional

You can tell your attorneys how you'd **prefer** them to make decisions, or give them specific **instructions** which they must follow when making decisions.

Most people leave this page blank – you can just talk to your attorneys so they understand how you want them to make decisions for you.

Help?

For help with this section, see the Guide, part A7.

Preferences

Your attorneys don't have to follow your preferences but they should keep them in mind. For examples of preferences, see the Guide, part A7.

Preferences – use words like 'prefer' and 'would like'

I would prefer my attorneys to consult my family on major decisions

☐ I need more space – use Continuation sheet 2.

Instructions

If you want to give instructions, you may want to take legal advice.

Your attorneys will have to follow your instructions exactly. For examples of instructions, see the Guide, part A7.

Be careful – if you give instructions that are not legally correct they would have to be removed before your LPA could be registered.

Instructions – use words like 'must' and 'have to'

☐ I need more space – use Continuation sheet 2.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Section 8

Your legal rights and responsibilities

Helpline
0300 456 0300

! Everyone signing the LPA must read this information

In sections 9 to 11, you, the certificate provider, all your attorneys and your replacement attorneys must sign this lasting power of attorney to form a legal agreement between you (a deed).

By signing this lasting power of attorney, you (the donor) are appointing people (attorneys) to make decisions for you.

LPAs are governed by the Mental Capacity Act 2005 (MCA), regulations made under it and the MCA Code of Practice. Attorneys must have regard to these documents. The Code of Practice is available from www.gov.uk/opg/mca-code or from The Stationery Office.

Your attorneys must follow the principles of the Mental Capacity Act:

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you to make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before your attorneys make a decision or act for you, they must consider whether they can make the decision or act in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Your attorneys must always act in your best interests. This is explained in the Application guide, part A8, and defined in the MCA Code of Practice.

Before this LPA can be used it must be registered by the Office of the Public Guardian (OPG). Your attorneys can only use this LPA if you don't have mental capacity.

Cancelling your LPA: You can cancel this LPA at any time, as long as you have mental capacity to do so. It doesn't matter if the LPA has been registered or not. For more information, see the Guide, part D.

Your will and your LPA: Your attorneys cannot use this LPA to change your will. This LPA will expire when you die. Your attorneys must then send the registered LPA, any certified copies and a copy of your death certificate to the Office of the Public Guardian.

Data protection: For information about how OPG uses your personal data, see the Guide, Part D.

Help?

For help with this section, see the Guide, part A8.

SAMPLE
MADE-UP DETAILS - NOT A REAL LPA

Section 9

Signature: donor

Helpline
0300 456 0300

By signing on this page I confirm all of the following:

- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this LPA and to the provisions of the Mental Capacity Act 2005
- I confirm I have chosen either Option A or Option B about life sustaining treatment in section 5 of this LPA
- I have either appointed people to notify (in section 6) or I have chosen not to notify anyone when the LPA is registered
- I agree to the information I've provided being used by the Office of the Public Guardian in carrying out its duties

Be careful

Sign this page and section 5 (and any continuation sheets) before anyone signs sections 10 and 11.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Donor

Signed (or marked) by the person giving this lasting power of attorney and delivered as a deed.

Signature or mark

Date signed or marked

Day Month Year

You must also sign Section 5 (page 6) at the same time as you sign this page.

If you have used Continuation sheets 1 or 2 you must sign and date each continuation sheet at the same time as you sign this page.

If you can't sign this LPA you can make a mark instead. If you can't sign or make a mark you can instruct someone else to sign for you, using Continuation sheet 3.

Witness

The witness must not be an attorney or replacement attorney appointed under this LPA, and must be aged 18 or over.

Signature or mark

Full name of witness

Address

Postcode

Help? For help with this section, see the Guide, part A9.

Only valid with the official stamp here.

Section 10

Signature: certificate provider

Helpline
0300 456 0300

! Only sign this section after the donor has signed section 9

The 'certificate provider' signs to confirm they've discussed the lasting power of attorney (LPA) with the donor, that the donor understands what they're doing and that nobody is forcing them to do it. The 'certificate provider' should be either:

- someone who has known the donor personally for at least 2 years, such as a friend, neighbour, colleague or former colleague
- someone with relevant professional skills, such as the donor's GP, a healthcare professional or a solicitor

A certificate provider **can't** be one of the attorneys.

Help?

For help with this section, see the Guide, part A10.

Certificate provider's statement

I certify that, as far as I'm aware, at the time of signing section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

By signing this section I confirm that:

- I am aged 18 or over
- I have read this LPA, including section 8 'Your legal rights and responsibilities'
- there is no restriction on my acting as a certificate provider
- the donor has chosen me as someone who has known them personally for at least 2 years **OR**
- the donor has chosen me as a person with relevant professional skills and expertise

Restrictions – the certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys (whether or not they live at the same address)
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

Certificate provider

Title: Dr

First names: Anna

Last name: Example

Address:
2 Sample Road

Exampleton

Postcode: EX2 2BB

Signature or mark

Date signed or marked

Day | Month | Year

SAMPLE
MADE UP DETAILS, NOT A REAL LPA

Only valid with the official stamp here.

Section 11

Signature: attorney or replacement

Helpline
0300 456 0300

Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page – make more copies if you need to.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Help?

For help with this section, see the Guide, part A11.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

Day Month Year

Title First names

Last name

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

Only valid with the official stamp here.

Section 11

Signature: attorney or replacement

Helpline
0300 456 0300

Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page – make more copies if you need to.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Help?

For help with this section, see the Guide, part A11.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

Day Month Year

Title First names

Last name

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

Only valid with the official stamp here.

Section 11

Signature: attorney or replacement

Helpline
0300 456 0300

Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page – make more copies if you need to.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Help?

For help with this section, see the Guide, part A11.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

Day Month Year

Title First names

Last name

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

Only valid with the official stamp here.

Section 11

Signature: attorney or replacement

Helpline
0300 456 0300

Only sign this section after the certificate provider has signed section 10

All the attorneys and replacement attorneys need to sign.
There are 4 copies of this page – make more copies if you need to.

By signing this section I understand and confirm all of the following:

- I am aged 18 or over
- I have read this lasting power of attorney (LPA) including section 8 'Your legal rights and responsibilities', or I have had it read to me
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice
- I must make decisions and act in the best interests of the donor
- I must take into account any instructions or preferences set out in this LPA
- I can make decisions and act only when this LPA has been registered
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Help?

For help with this section, see the Guide, part A11.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Attorney or replacement attorney

Signed (or marked) by the attorney or replacement attorney and delivered as a deed.

Signature or mark

Date signed or marked

Day Month Year

Title First names

Last name

Witness

The witness must not be the donor of this LPA, and must be aged 18 or over.

Signature or mark

Full names of witness

Address

Postcode

Only valid with the official stamp here.

Now register your LPA

Before the LPA can be used, it **must** be registered by the Office of the Public Guardian (OPG). Continue filling in this form to register the LPA. See part B of the Guide.

People to notify

If there are any 'people to notify' listed in section 6, you must notify them that you are registering the LPA now. See Part C of the Guide.

Fill in and send each of them a copy of the form to notify people – LP3.

When you sign section 15 of this form, you are confirming that you've sent forms to the 'people to notify'.

Register now

You do not have to register immediately, but it's a good idea in case you've made any mistakes. If you delay until after the donor loses mental capacity, it will be impossible to fix any errors. This could make the whole LPA invalid and it will not be possible to register or use it.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Register your lasting power of attorney

Helpline
0300 456 0300

Section 12
The applicant

You can only apply to register if you are the donor or attorney(s) for this LPA. The donor and attorney(s) should not apply together.

Who is applying to register the LPA? (tick one only)

☑ **Donor** – the donor needs to sign section 15

☐ **Attorney(s)** – If the attorneys were appointed jointly (in section 3) then they **all** need to sign in section 15. Otherwise, only one of the attorneys needs to sign

Help?

For help with this section, see the Guide, part B2.

Write the name and date of birth for each attorney that is applying to register the LPA. Don't include any attorneys who are not applying.

Title | First names

Last name

Date of birth

Day | Month | Year

Title | First names

Last name

Date of birth

Day | Month | Year

Title | First names

Last name

Date of birth

Day | Month | Year

Title | First names

Last name

Date of birth

Day | Month | Year

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Section 13

Who do you want to receive the LPA?

Helpline
0300 456 0300

We need to know who to send the LPA to once it is registered. We might also need to contact someone with questions about the application.

We already have the addresses of the donor and attorneys, so you don't have to repeat any of those here, unless they have changed.

Who would you like to receive the LPA and any correspondence?

- [x] **The donor**
- [ ] **An attorney** (write name below)
- [ ] **Other** (write name and address below)

Title | First names

Last name

Company (optional)

Address

Postcode

How would the person above prefer to be contacted?

You can choose more than one.

- [x] **Post**
- [ ] **Phone**
- [ ] **Email**
- [ ] **Welsh** (We will write to the person in Welsh)

Help?

For help with this section, see the Guide, part B3.

SAMPLE
MADE-UP DETAILS, NOT A REAL LPA

Section 14

Application fee

Helpline
0300 456 0300

There's a fee for registering a lasting power of attorney.

The fee changes from time to time. You can check you are paying the correct amount at **www.gov.uk/power-of-attorney/register** or call 0300 456 0300. The Office of the Public Guardian can't register your LPA until you have paid the fee.

How would you like to pay?

☐ **Card** For security, **don't** write your credit or debit card details here. We'll contact you to process the payment.

Your phone number

☐ **Cheque** Enclose a cheque with your application.

Help?

For help with this section, see the Guide, part B4.

Reduced application fee

If the donor has a low income, you may not have to pay the full amount. See the Guide, part B4 for details.

☐ **I want to apply to pay a reduced fee**

You'll need to fill in form LPA120 and include it with your application. You'll also **need to send proof** that the donor is eligible to pay a reduced fee.

Are you making a repeat application?

If you've already applied to register an LPA and the Office of the Public Guardian said that it was not possible to register it, you can apply again within 3 months and pay a reduced fee.

☐ **I'm making a repeat application**

Case number

For OPG office use only

Payment reference

Payment date

Day Month Year

Amount

SAMPLE
MADE UP DETAILS, NOT A REAL LPA

Section 15
Signature

Helpline
0300 456 0300

Do not sign this section until after sections 9, 10 and 11 have been signed.

The person applying to register the LPA (see section 12) must sign and date this section. This is either the donor or attorney(s) but not both together.

If the **attorneys** are applying to register the LPA and they were appointed to act **jointly** (in section 3), they must all sign.

Help?

For help with this section, see the Guide, part B5.

By signing this section I confirm the following:

- I apply to register the LPA that accompanies this application
- I have informed 'people to notify' named in section 6 of the LPA (if any) of my intention to register the LPA
- I certify that the information in this form is correct to the best of my knowledge and belief

Signature or mark

Date signed

Day Month Year

Signature or mark

Date signed

Day Month Year

Signature or mark

Date signed

Day Month Year

Signature or mark

Date signed

Day Month Year

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If more than 4 attorneys need to sign, make copies of this page.

Check your lasting power of attorney

You don't have to use this checklist, but it'll help you make sure you've completed your LPA correctly.

- [ ] The donor filled in sections 1 to 7.
- [ ] The donor signed both section 5 and section 9 in the presence of a witness. The donor also signed any copies of continuation sheets 1 and 2 that were used, on the same date as signing section 9.
- [ ] The certificate provider signed section 10.
- [ ] All the attorneys and replacement attorneys signed section 11, in the presence of witness(es).
- [ ] Sections 9, 10 and 11 were signed in order. Section 9 must have been signed first, then section 10, then section 11. They can be dated the same day or different days.
- [ ] The donor or an attorney completed sections 12 to 15. If the attorneys are applying and were appointed 'jointly' (section 3), they have all signed section 15 of this form.
- [ ] I've paid the application fee or applied for a reduced fee. If I've applied for a reduced fee, I've included the required evidence and completed form LPA120A.
- [ ] If there were any people to notify in section 6, I've notified them using form LP3.
- [ ] I've not left out any of the pages of the LPA, even the ones where I didn't write anything or there were no boxes to fill in.

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Send to:

Office of the Public Guardian
PO Box 16185
Birmingham B2 2WH

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