



Office of the
Public Guardian



Lasting Power of Attorney (LPA)

Create your LPA: Health and welfare

Before you start

For help, see
How-to guide
sections A–C



You need several people to make a LPA.

This page explains the essentials.

You don't need a lawyer to make an LPA but you may prefer to do so, particularly where you see the lawyer symbol.



It currently costs £130* to register an LPA unless you receive certain benefits or have a low income.

*Please check you are paying the correct amount at www.gov.uk/power-of-attorney/how-much-it-costs or call 0300 456 0300. We cannot register your LPA until you have paid the fee.

Donor (section 1) You are the donor, the person appointing other people to make decisions for you.

Mental capacity The ability to make a decision. You may have mental capacity for some decisions but not others. For more information on mental capacity, see the How-to guide, part D-8.

Attorneys (section 3) The people you've chosen to make decisions for you are called your attorneys. Your attorneys don't need special legal knowledge or training. The most important thing about attorneys is that they should be people you trust, who know you well. Common choices include your husband, wife or partner, son or daughter or your best friend.

Replacement attorneys (section 5) You can also choose replacement attorneys, who can only act under the LPA if 1 or more of your original attorneys can no longer act on your behalf.

People to certify (sections 6 and 10) The person to certify's job is to make sure you understand the LPA and that no-one is forcing you to do it. Your doctor or lawyer can do this, or you can ask a friend or colleague.

People to be told (section 6) You can specify up to 5 people to be sent a notice when you send the LPA to be registered.

Witnesses (sections 9 and 11) you also need witnesses to your signatures. They can be anyone except you or your attorneys. You could save time by getting your people to certify to witness the signatures.

Registration (form LPA **2**) before your attorneys can use your LPA, you must send it to the Office of the Public Guardian to be registered. Once your LPA has the official stamp, your attorneys can take the form to the bank or doctor to show they have been legally appointed as your representatives.

Lasting Power of Attorney (LPA)

For help, see
How-to guide
part D-1



Section 1

The donor

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

First names

Last name

Any other names you're known by (for example, your maiden name)

Date of birth

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Day

Month

Year

Address

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Postcode

For completion by the Office of the Public Guardian

LPA registration date

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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Day

Month

Year

OPG reference number

Section 2

Health and welfare

For help, see
How-to guide
part D-2



This LPA is for health and welfare decisions only.

Decisions like:

- where you live
- the type of health care and medical treatment you receive
- day-to-day issues such as your diet, dress or daily routine
- whether you receive life-sustaining treatment (you must choose whether your attorneys can make this decision below)

Your attorneys will **only** be able to make these decisions once you have lost mental capacity.

This LPA doesn't cover property and financial affairs decisions.

Life-sustaining treatment

You must answer this question. For help, see the How-to guide, part D-2.

Life-sustaining treatment

☐ 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.

☐ 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 practicable and appropriate.

Section 3

Attorneys

For help, see
How-to guide
part D-3



Your attorneys are the people you want to make decisions for you.

You can have 1 attorney or several. Attorneys must be at least 18 years old and must have ‘mental capacity’ to make decisions.

Attorney 1

First names

Last name

Company name (optional)

Address

Postcode

Attorney 2 (optional)

First names

Last name

Company name (optional)

Address

Postcode

Attorney 3 (optional)

First names

Last name

Company name (optional)

Address

Postcode

Attorney 4 (optional)

First names

Last name

Company name (optional)

Address

Postcode

☐

More attorneys – I want to appoint more than 4 attorneys. Use Continuation Sheet 1.

Section 4

How should the attorneys make decisions?

For help, see
How-to guide
part D-4



! Skip this page if there's only 1 attorney

Tick one only:

☐ **Jointly and severally**

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

☐ **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 of your attorneys dies or can no longer act, all the others become unable to act. Your replacement attorneys will step in (if you appoint any in the next section). This is because a group appointed 'jointly' is seen as a single unit in legal terms.

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



Attorneys must agree unanimously on some specific decisions, but can make others on their own.

You must list the decisions to be made jointly and agreed unanimously on Continuation Sheet 2 if you choose this option. The wording you use is important. There are examples in the How-to guide, part D-4. You may also need to take legal advice.

Be careful – if one of your attorneys dies or can no longer act, all the others become unable to make any of the decisions to be made jointly – replacement attorneys will make these decisions instead (if you appoint any in the next section). Your original attorneys will work with your replacement attorneys to take decisions to be made jointly and severally.

Section 5

Replacement attorneys

For help, see
How-to guide
part D-5



! This page is optional, but we recommend you consider it

Replacement attorneys act on your behalf **only** if 1 or more of the original attorneys dies, loses capacity, decides they can no longer act on your behalf, or is no longer legally your spouse or civil partner.

Replacement attorneys must be at least 18 years old when you sign this form and must have 'mental capacity' to make decisions.

Replacement attorney 1 (optional)

First names

Last name

Company name (optional)

Address

Postcode

Replacement attorney 2 (optional)

First names

Last name

Company name (optional)

Address

Postcode

☐ **More replacements** – I want to appoint more than 2 replacements. Use Continuation Sheet 1.

How replacement attorneys step in

There are rules for how your replacement attorneys step in, described in the How-to guide (part D-5). If you have 1 original attorney or you ticked 'jointly and severally' in section 4, you can change the way this works.

You'll need to read the How-to guide (part D-5) thoroughly first.

You may also need to take legal advice.

☐ **I want to change how replacement attorneys step in**
(write your instructions on Continuation Sheet 2)



Section 6

Safeguards

There are 2 types of safeguard in an LPA: people to certify and people to be told. You must have at least 1 person to certify. You can then choose either a second person to certify or up to 5 people to be told.

You must get your people to certify to sign section 10.

When you or your attorney(s) are preparing to send the LPA to be registered, you must send notices to the people to be told.

People to certify

A person to certify signs to confirm they have spoken with you about the LPA, you understand what you’re doing and no one is forcing you to do it.

A person to certify can be:

- Anyone you’ve known for at least 2 years as more than an acquaintance, such as a friend or colleague
- Someone with the relevant professional skills and expertise to make the above judgment, such as your doctor or lawyer.

A person to certify can’t 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 your family or of one of your attorneys’ families, including spouses, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either you or one of your attorneys (whether or not they are living at the same address)
- your business partner or an attorney’s business partner
- your employee or an attorney’s employee
- an owner, manager, director or employee of a care home where you live

People to be told

When the LPA is sent to be registered, the people to be told are sent a notice (form LPA 3) explaining that they have 3 weeks to object to the LPA registration. They can only object for certain reasons (see form LPA 3). After this point, 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.

If you’re the person sending your LPA to be registered, you will first have to send the notices. If one of your attorneys is registering the LPA, they will have to send the notices. To see a sample notice, see form LPA 3.

People to be told can’t be your attorneys or replacement attorneys.

Section 6 (continued)

Safeguards

For help, see
How-to guide
part D-6



People to certify

Person to certify 1

(required)

First names

Last name

Address

Postcode

Person to certify 2

(required if you have no people to be told)

First names

Last name

Address

Postcode

People to be told

Person to be told 1

(required if you only have 1 person to certify)

First names

Last name

Address

Postcode

Person to be told 2

(optional)

First names

Last name

Address

Postcode

☐ **More people to be told** – I want to appoint more people to be told.
You can appoint up to 5, use Continuation Sheet 1.

Section 7

Instructions and preferences

For help, see
How-to guide
part D-7



This page is optional

You can record instructions and preferences for when your attorneys make decisions under the LPA. Your attorneys **must** follow your instructions but can decide for themselves whether to take your preferences into account.

You don't have to include instructions and/or preferences – many people don't. Make sure you talk to your attorneys so that they understand your beliefs and wishes and they can make good decisions on your behalf. Then if you want to set out anything in detail you can do so below.

Also use the instructions box if you need to pay fees to the attorneys.

The wording you use is important. There are examples in the How-to guide, part D-7. You may also need to take legal advice.

Instructions



For instructions the attorneys must follow, use words like 'must' and 'have to'.

Preferences



For preferences, use words like 'prefer' and 'would like'.

☐ I need more space. Use a copy of Continuation Sheet 2 and clearly state whether you are writing instructions or preferences.

Section 8

Your legal rights and responsibilities

! Everyone signing the LPA must read this information

In the next sections, you and all your attorneys sign this LPA forming a legal agreement between you (a deed).

By signing this LPA, 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, available from www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act. If you need help viewing this website, visit your local library.

Your attorneys must follow the principles of the MCA:

1. Your attorneys must assume that you can make your own decisions unless they establish 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 practicable 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 How-to guide part D-8, and defined in the MCA Code of Practice.

Before this LPA can be used:

- The LPA must be registered by the Office of the Public Guardian.
- This LPA power can only be used when you don't have mental capacity.

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 How-to guide part D-8.

This LPA will expire when you die. Your attorneys cannot use this LPA to change your will or interfere with its execution.

Section 9

Signature: donor

For help, see
How-to guide
part D-9



Sign sections 9, 10 and 11 in order

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 2 of this LPA.
- I have completed section 6. I personally chose 1 or 2 people to certify and either appointed people to be told or chose not to notify anyone when the LPA is registered.
- The law of England and Wales shall apply to this 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

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Day Month Year

If you have used any continuation sheets 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 use Continuation Sheet 3.

Witness

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

Signature or mark

Full name of witness

Address

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| |
| |

Postcode

Section 10

Signature: Person to certify

For help, see
How-to guide
part D-10



! Sign this page as soon as possible after the donor has signed section 9.

! If you have 2 people to certify, make a copy of this page

By signing this section I 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'.
- I am acting independently of the donor and of the attorneys.
- I have either known the donor personally for at least 2 years as more than an acquaintance
OR I have relevant professional skills and expertise and I reasonably consider that I am competent to form the necessary opinion to certify the matters on this page.
- I am not:
 - 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 1 of the attorneys' families, including spouses, civil partners, in-laws and step-relatives
 - an unmarried partner, boyfriend or girlfriend of either the donor or 1 of the attorneys (whether or not they live at the same address)
 - the donor's business partner 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 live
 - any other person who the Court of Protection may consider is not sufficiently independent
- If someone challenges this LPA, I may need to explain how I formed my opinion.

Person to certify

I certify that, in my opinion, at the time of signing section 9:

- the donor understands 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.

How do you know the donor?

Careful – please check the restrictions on the left

- ☐ Friend
- ☐ Colleague or former colleague
- ☐ Neighbour
- ☐ Registered healthcare professional (incl. GP)
- ☐ Barrister, solicitor or advocate
- ☐ Other:

Signature or mark

Date signed or marked

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Day Month Year

Full name

Section 11

Signature: attorneys and replacements

For help, see
How-to guide
part D-11



! Sign this page as soon as possible after the donor has signed section 9 and the person(s) to certify has signed section 10

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 regarding the donor’s health and welfare only when the donor lacks mental capacity.
- **Further statement by a replacement attorney:** I have the authority to act under this LPA only after an original attorney’s appointment is terminated. I must notify the Public Guardian of the event.

Signature: attorneys and replacements

! All the attorneys and replacement attorneys need to sign.
If there are more than 4 attorneys, make copies of this page.

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

Full name

Date of birth

Day Month Year

Witness

Witness must be aged 18 or over and must not be the donor of this LPA.

Signature or mark

Full names of witness

Address

Postcode

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

Full name

Date of birth

Day Month Year

Witness

Witness must be aged 18 or over and must not be the donor of this LPA.

Signature or mark

Full names of witness

Address

Postcode

Signature: attorneys and replacements

! All the attorneys and replacement attorneys need to sign.
If there are more than 4 attorneys, make copies of this page.

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

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Day Month Year

Full name

Date of birth

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Day Month Year

Witness

Witness must be aged 18 or over and must not be the donor of this LPA.

Signature or mark

Full names of witness

Address

Postcode

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

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Day Month Year

Full name

Date of birth

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Day Month Year

Witness

Witness must be aged 18 or over and must not be the donor of this LPA.

Signature or mark

Full names of witness

Address

Postcode

What next?

This page is optional

Your attorneys can only use this LPA when it has been registered by the Office of the Public Guardian (OPG).

We recommend you do this as soon as possible in case you've made any mistakes. Mistakes are more difficult to fix if you delay, and may mean the whole LPA is invalid and your wishes will not be represented.

To register your LPA, fill in form LPA **2**. You'll also have to fill in a copy of form LPA **3** for each of the people to be told (in section 6).

Here's a checklist to help you make sure you've filled in the form correctly. (This checklist is only for your convenience; the OPG will ignore it)

- ☐ I, the donor, completed sections 1 – 7
- ☐ In section 6, I've chosen either 2 people to certify or 1 person to certify and 1 or more people to be told.
- ☐ I, the donor, signed section 9 in the presence of a witness. I've also signed any copies of Continuation Sheets 1 and 2 that were used on the same date as I signed section 9.
- ☐ The people to certify signed section 10.
- ☐ All my attorneys and replacement attorneys signed section 11, in the presence of witness(es).
- ☐ Sections 9, 10 and 11 were signed in order, or on the same day. Section 9 must have been signed first, then section 10, then section 11.
- ☐ I've not left out any of the pages of the LPA (pages 1–15), even the ones where I didn't write anything or there were no boxes to fill in.

Now complete form LPA **2 to register your LPA with the Office of the Public Guardian.**

You'll also have to fill in a copy of form LPA **3** for each of the people to be told (in section 6).