Physician's Statement of Mental Competency

I, _____("Physician"), with offices at _____ _____, hereby state that _____ ("Individual") of _____, is fully and completely mentally competent in the broadest meaning of that term, and fully capable of taking independent actions as a completely mentally competent person.

_____ Date:_____
Physician

_____ Date:_____
Witness

_____ Date:_____
Witness

Attach Business Card Here: