



Certificate of Incapability

OAS/CPP

Social Insurance Number

Information about the Old Age Security and/or Canada Pension Plan beneficiary

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. Usual First Name and Initial		Last Name	
<input type="checkbox"/> Ms <input type="checkbox"/> Miss			
Address - No., Street, Apt., P.O. Box, R.R. and City		Province or Territory	
		Country - If other than Canada	Postal Code

Please note that, to be considered incapable of managing his/her own affairs, a person must be suffering from severe mental impairment or a physical illness or impairment.

Does the person named above have:

1. Good general knowledge of what is happening to his/her money or investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
2. Sufficient understanding of the concept of time, in order to pay bills promptly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
3. Sufficient memory to keep track of financial transactions and decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
4. Ability to balance accounts and bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
5. Significant impairment of judgement due to altered intellectual function?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments

In addition:

6A. How long have you known this person?	6B. Please state this person's age
7A. Do you consider this person capable of managing his/her own affairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	7B. If no, when is improvement expected? (Provide date)
8. Diagnosis of impairment	Date impairment started Year Month Day
9. Comments	

Name and signature of licensed medical practitioner completing this form

First Name and Initial	Last Name	Signature	Date
Address - No., Street, Apt., P.O. Box, R.R. and City		Province or Territory	Telephone () -
		Country	Postal Code
		Profession	

FOR OFFICE USE ONLY

Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for disapproval	Reassessment Date	Signature	Date
---	------------------------	-------------------	-----------	------



Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device TTY, call **1 800 255-4786**. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

NEWFOUNDLAND AND LABRADOR

Service Canada
P.O. Box 9430
St. John's NL A1A 2Y5

ONTARIO (Timmins)

Service Canada
P.O. Bag 2013
Timmins ON P4N 8C8

PRINCE EDWARD ISLAND

Service Canada
P.O. Box 20105
Sherwood Postal Outlet
Sherwood PE C1A 9E3

ONTARIO (Chatham)

Service Canada
P.O. Box 2020
Chatham ON N7M 6B2

NOVA SCOTIA

Service Canada
P.O. Box 1687
Postal Station "M"
Halifax NS B3J 3J4

MANITOBA AND SASKATCHEWAN

Service Canada
P.O. Box 818
Station Main
Winnipeg MB R3C 2N4

NEW BRUNSWICK

Service Canada
P.O. Box 250
Fredericton NB E3B 4Z6

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada
P.O. Box 2710
Main Station
Edmonton AB T5J 4C2

QUEBEC

Service Canada
P.O. Box 1816
Quebec QC G1K 7L5

BRITISH COLUMBIA AND YUKON

Service Canada
P.O. Box 1177
Victoria BC V8W 2V2

ONTARIO (Scarborough)

Service Canada
P.O. Box 5100
Postal Station "D"
Scarborough ON M1R 5C8

Ce formulaire est disponible en français - ISP-3501F