

## Doctor Certification of Patient Capacity to Sign Legal Documents

Certification by Dr. \_\_\_\_\_

Patient \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

I, being duly sworn says:

1. I am a physician licensed to practice medicine in the State of New Jersey.

2. I am not a relative either through blood or marriage of the patient.

3. In my opinion, the patient is able to govern and manage their affairs.

4. The patient is competent to sign [initial all which apply]:

Last Will and Testament \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Living Will \_\_\_\_\_

Trust \_\_\_\_\_

Deed on house \_\_\_\_\_

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

\_\_\_\_\_

\_\_\_\_\_  
Signature