

**This part of the form should be passed to the applicant's medical practitioner (eg G.P) for completion**

**Certificate: To be signed by a Registered Medical Practitioner**

This certificate is for use in deciding whether the person named overleaf is severely mentally impaired for Council Tax purposes.

Please complete this certificate and return the form, together with any evidence of the applicant's entitlement to benefits (which was sent to you with the form).

**The Local Government Finance Act 1992 states that a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.**

<b>Doctor's Full Name (Block Letters):</b>	<b>Doctor's Signature:</b>
<b>Doctor's Status (G.P. etc.):</b>	<b>Contact telephone number:</b> (in the event of a query)
In my opinion, the person named overleaf: <b>(Please tick as appropriate)</b>	
<input type="checkbox"/> is severely mentally impaired  With effect from:	<input type="checkbox"/> is not severely mentally impaired
<b>Date:</b>	<b>e-mail:</b>

The General Medical Services Committee of the BMA has agreed that, for the purpose of The Act, medical certificates should be issued without charge to the applicant or his / her representatives.

You can hand the completed form in at our One Stop Shop, e-mail or post it to this address:

**Revenues & Benefits Section, PO Box 30, Town Hall, Lancaster Road, Preston, PR1 2GD.**

E-mail: [ctax@preston.gov.uk](mailto:ctax@preston.gov.uk)

Website: [www.preston.gov.uk](http://www.preston.gov.uk)