



INCOMPETENT NEXT OF KIN AFFIDAVIT

I, _____, being duly sworn, do hereby state as follows:

1. That I am the next of kin and personal representative of, _____, who became mentally incompetent on or about the _____ day of _____, 20____ .

(Proof of Incompetency must be attached)

2. Authority to act on behalf of the incompetent patient is granted to me as (check below):

- Spouse
- Child and there is no spouse.
- Parent and there is no spouse or children.
- Sibling and there is no spouse, children or parents.

3. I am over eighteen (18) years of age, suffer from no disability, and am competent to testify as to the matters set forth in this Affidavit.

4. That there is no Healthcare Power of Attorney or Advance Directive in place.

Signature_____

Date_____

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Notary Public

Seal

My commission expires _____.

Entity-Department Name: MCNH HIM	Revision Date: 12/26/2019
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