

Ref:

Doctors Address:

.....

.....

To the Divisional Returning Officer

Division of

Medical Certificate***(Commonwealth Electoral Act 1918 – s.93(8)(a))***

I am a registered medical practitioner and consider that the person whose details appear below is no longer cognitively impaired and is capable of understanding the nature and significance of enrolment and voting.

Patient's family name:**Patient's given names:****Date of birth:****Current address:**

.....

Former address (if known):

.....

Doctor's signature: **Date****Doctor's full name:**

(Block Letters)