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Council Tax

Certificate of Severe Mental Impairment

Customer Accounts (Council Tax)

Central Bedfordshire Council
Watling House
High Street North
Dunstable
Bedfordshire
LU6 1LF

Please complete **Section 1** of this form and then ask a registered medical practitioner to complete the rest of the form to certify that the person named in Section 1 is severely mentally impaired, for Council Tax purposes. Once completed, please return the form to the address above.

If you have any questions, please contact us:

- **Telephone** 0300 300 8306
- **Email** counciltax@centralbedfordshire.gov.uk

Section 1 – Severely Mentally Impaired person’s details

Full name	<input type="text"/>
Address	<input type="text"/>
	Postcode <input type="text"/>
Council Tax reference number (if known)	<input type="text"/>

Section 2 – Doctor’s Certificate

This section must be completed by a registered medical practitioner

I certify that in my opinion the person detailed in Section 1 **is / is not** (please delete as applicable) severely mentally impaired for the purposes of the Local Government Finance Act 1992.

Date the condition was first diagnosed

Doctor’s signature	<input type="text"/>	Official stamp of surgery or hospital <input type="text"/>
Doctor’s full name	<input type="text"/>	
Date	<input type="text"/>	
Doctor’s status (e.g. GP, consultant)	<input type="text"/>	
Address of surgery or hospital	<input type="text"/>	
	Postcode <input type="text"/>	