The Public Trustee for the N.W.T.
Office of the Public Trustee
5th Floor, Courthouse
P.O. Box 1320
Yellowknife, NT X1A 2L9

CONSENT AND AUTHORIZATION

Application to the Court for a Trusteeship Order for

	The undersigned	ointment of the Public Trustee authorizes the Public Trustee obtain the above appointments.	e to take all steps necessary	
merading, obtaining	s an assessment report, to o	oum de doove appointments.		
(Please type or print legible	e the following information, insert the	e full legal name)		
Name:		Name:		
Relationship:		Relationship:		
Signature	Date	Signature	Date	
Name:		Name:		
Relationship:		Relationship:		
Address:		Address:	Address:	
Signature	Date	Signature	Date	

Please have as many family member(s) as possible sign this form. Print the name, relationship and address below each signature ie; spouse, mother, father, son, daughter, etc. If it is not convenient to have all close family members sign, kindly forward the form with the signatures of available persons to the above address. The day, month and year must be recorded on this document. Please refer to the attached sheet if additional space is required for signatures.