## Template for the delegation of the functions of the nearest relative

I, [full name]

of [address]

confirm that I no longer wish to act as the Nearest Relative of my [relationship], [full name of patient]

of . [address of patient]

I authorise [full name of person to whom functions are to be delegated] of . [address of delegate]

to perform the functions of the Nearest Relative in respect of [full name of patient] in accordance with Regulation 24 of the Mental Health Regulations 2008, and I may revoke such authority by written notice at any time hence.

Signed

Date