

**FORM 31**

**NOTICE OF CANCELLATION**  
**(Mental Health Act, R.S.N.B. 1973, c.M-10, s.39)**

I, \_\_\_\_\_,  
(Name of Attending Psychiatrist)

of \_\_\_\_\_,  
(Address)

am the attending psychiatrist of \_\_\_\_\_,  
(Name of Patient)

a patient admitted to \_\_\_\_\_,  
(Name of Psychiatric Facility)

I have examined the patient and have found the patient to be mentally competent.

I hereby cancel the certificate of incompetence which was issued with respect to the patient  
by

\_\_\_\_\_ on  
the \_\_\_\_\_  
(Name of Psychiatrist Who Signed Certificate)

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Attending Psychiatrist