

NO. _____

IN TH STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

IN THE PROBATE COURT
OF _____ COUNTY, TEXAS

(INITIALS ONLY)

D.O.B. _____

UNSWORN DECLARATION

I, the undersigned, a person licensed to practice medicine in the state of Texas, or a person employed by an agency having a license to practice medicine in any state of the United States, do hereby certify, to wit pursuant to the Texas Civil Practice and Remedy Code, Section 132.001:

“My name is _____,

and I am an employee of the following governmental agency: _____. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing Certificate of Medical Examination is true and correct.

Executed in _____ o County, State of Texas, on the _____ day of _____, _____.

Physician’s Name (Printed)

Physician’s Signature