

# HEALTH CARE PROXY

I, \_\_\_\_\_, of

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_,

hereby appoint \_\_\_\_\_ of

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

as my Health Care Agent to make all healthcare decisions for me if I become unable to decide for myself, including decisions about artificial nutrition and hydration.

Alternate Agent: \_\_\_\_\_

Optional Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*Witnesses can not be the named Health Care Agent or Alternate Agent.*