

DECISIONS, YOU CAN CHOOSE TO BECOME AN ORGAN DONOR AFTER YOUR DEATH BY FILLING OUT THE FORM FOR THAT TOO.

YOU CAN FILL OUT PARTS I AND II OF THIS FORM, OR ONLY PART I, OR ONLY PART II. USE THE FORM TO REFLECT YOUR WISHES, THEN SIGN IN FRONT OF TWO WITNESSES (PART III). IF YOUR WISHES CHANGE, MAKE A NEW ADVANCE DIRECTIVE.

MAKE SURE YOU GIVE A COPY OF THE COMPLETED FORM TO YOUR HEALTH CARE AGENT, YOUR DOCTOR, AND OTHERS WHO MIGHT NEED IT. KEEP A COPY AT HOME IN A PLACE WHERE SOMEONE CAN GET IT IF NEEDED. REVIEW WHAT YOU HAVE WRITTEN PERIODICALLY.

### PART I: SELECTION OF HEALTH CARE AGENT

#### A. SELECTION OF PRIMARY AGENT

I SELECT THE FOLLOWING INDIVIDUAL AS MY AGENT TO MAKE HEALTH CARE DECISIONS FOR ME:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

(HOME AND CELL)

#### B. SELECTION OF BACK-UP AGENTS (OPTIONAL; FORM VALID IF LEFT BLANK)

1. IF MY PRIMARY AGENT CANNOT BE CONTACTED IN TIME OR FOR ANY REASON IS UNAVAILABLE OR UNABLE OR UNWILLING TO ACT AS MY AGENT, THEN I SELECT THE FOLLOWING PERSON TO ACT IN THIS CAPACITY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

(HOME AND CELL)

2. IF MY PRIMARY AGENT AND MY FIRST BACK-UP AGENT CANNOT BE CONTACTED IN TIME OR FOR ANY REASON ARE UNAVAILABLE OR UNABLE OR UNWILLING TO ACT AS MY AGENT, THEN I SELECT THE FOLLOWING PERSON TO ACT IN THIS CAPACITY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

(HOME AND CELL)

#### C. POWERS AND RIGHTS OF HEALTH CARE AGENT