

Instructions for filling out this proxy form:

ITEM 1: Write your name and the name, home address and telephone number of the person you are selecting as your agent.

ITEM 2: If you have special instructions for your agent, you should write them here. Also, if you wish to limit your agent's authority in any way, you should say so here. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

ITEM 3: You may write the name, home address and telephone number of an alternate agent.

ITEM 4: This form will remain valid indefinitely unless you set expiration date or condition for its expiration. This section is optional and should be filled in only if you want the health care proxy to expire at some point in time.

ITEM 5: You must date and sign the proxy. If you are unable to sign yourself you may direct someone else to sign in your presence. Be sure to include your address.

ITEM 6: Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

HEALTH CARE PROXY

Please print in ink

1. I, _____ hereby **appoint**: Name _____

Address _____ Telephone _____

as my **health care agent** to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

2. **Optional instructions**: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary.)

Note: Unless your agent knows your wishes about artificial nutrition and hydration (feeding tubes), your agent will not be allowed to make decisions about artificial nutrition and hydration

3. Name of **substitute** of alternate agent if the person I appoint above is unable, unwilling, or unavailable to act as my health care agent.

Name _____ Address _____ Telephone _____

4. Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below. This proxy shall expire (specific date or conditions, if desired): _____

5. Signature _____ Address _____ Date _____

6. Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1 _____ Address _____

Witness 2 _____ Address _____