

# Power of Attorney for Health Care

## Advance Directive Sample

Name of Principal (Person giving authority):

Address:

Date of Birth:

Phone Number:

### 1. Designation of Health Care Agent

Name of Agent:

Address of Agent:

Phone Number of Agent:

Relationship to Principal:

Alternate Agent (if any):

### 2. General Statement of Authority Granted

(Describe or state the agent's authority including any limitations, if any)

### 3. Instructions for Health Care

(Write any special instructions, wishes, beliefs, or directions for your agent)

### 4. Effective Date

This power of attorney for health care becomes effective when...

### 5. Organ Donation (Optional)

If you wish to authorize organ/tissue donation, specify here...

### 6. Signature

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Signature of Principal

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Date

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### 7. Witnesses

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Signature of Witness 1

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Print Name

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Signature of Witness 2

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Print Name

**Note:** This is a sample form. Consult local laws or an attorney to ensure compliance with state requirements.

