



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

Name: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

Phone/Fax/Email \_\_\_\_\_

**1. Name an agent (This is the person(s) that will make personal decisions for you if you should lose the capacity to make them for yourself).**

Name of agent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

**2. If you want more than one agent to act together (joint agents), name the other agent or agents here:**

Name of agent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

Name of agent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

**3. If you are naming more than two agents, do they make decisions on a majority basis or do they all have to agree?**

On a majority basis

The all have to agree

**4. If you are not naming joint agents and your first-named agent can not or will not act, name your second choice here:**

Name of agent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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



**5. If your second-named agent can not or will not act, name your third choice here:**

Name of agent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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

**6. Indicate who should decide whether or not you have lost the capacity to make decisions about any personal matter:**

One doctor

Two doctors

\_\_\_\_\_ together with one doctor or two doctors

Others - Name and address:

\_\_\_\_\_

\_\_\_\_\_

**7. Do you want to donate your organs and tissue for transplantation purposes if at the time of your death you have any that would be useful for this purpose?**

Yes

No

**8. What are your views about being kept alive artificially if there is no known hope of recovery?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_