

Creating a Medical Power of Attorney

- Who is needing this document?
- Who do you designate to make health care decisions for you?
 - Name
 - Address
 - City
 - State
 - ZIP Code
 - Home Phone Number
 - Work Phone Number
 - Relationship
- Can your Agent direct the withdrawal and withholding of artificially provided food and fluids? (Answer "Yes" to authorize your Agent to direct the withdrawal or withholding of artificially supplied nutrition and fluids. Answer "No" if your Agent will not have this authority.)
- Describe any limitations you would like to place on your Agent's authority. (Specify any limitations you would like on your Agent's authority. For example, you may wish to prohibit your Agent from authorizing certain medical procedures.)
 - Description of limitations (if any)
- In the event your Agent can't serve, do you want to appoint an Alternate Agent? (Answer "Yes" to designate an Alternate Agent. If the original Agent resigns or is unable to perform the required duties, an Alternate Agent can assume the responsibilities. Generally, the designation of a spouse is revoked upon divorce.)
 - If yes:
 - Who is the Alternate Agent?
 - Name
 - Address
 - City
 - State
 - ZIP Code
 - Home Phone Number
 - Work Phone Number
- Do you want to appoint a second Alternate Agent? (Answer "Yes" to name a second Alternate Agent. If the first Alternate Agent resigns or is unable to perform, the second Alternate Agent can assume all responsibility. You do not have to name a second Alternate Agent.)
 - If yes:
 - Who is the second Alternate Agent?
 - Name

- Address
 - City
 - State
 - ZIP Code
 - Home Phone Number
 - Work Phone Number
- Do you wish to name a Guardian? (Answer "Yes" to nominate a person to serve as your Guardian if one is required by legal proceedings. This person will be appointed if the Court finds that such appointment is in your best interests.)
 - If yes:
 - Who do you want to serve as your Guardian?
 - Agent (or Alternate)
 - Or
 - Other person
 - If "other person" is chosen:
 - State the name of the person you want to serve as your Guardian.
 - Name
 - Address
 - City
 - State
 - ZIP Code
- Who is the first Witness? (A person who doesn't have an interest and would be able to witness you signing the document of your own free-will.)
 - Witness
 - Address
 - City
 - State
 - ZIP Code
- Who is the second Witness?(A person who doesn't have an interest and would be able to witness you signing the document of your own free-will.)
 - Witness
 - Address
 - City
 - State
 - ZIP Code