

MEDICAL POWER OF ATTORNEY
INFORMATIONAL SHEET

This allows someone else to make medical decisions on your behalf if you are incapacitated or otherwise unable to.

1). Full legal name of Grantor: _____
Address of Grantor: _____
Telephone # of Grantor: _____

2). Full legal name of Agent: _____
Address of Agent: _____
Telephone # of Agent: _____

3). Full legal name of Alternate Agent: _____
Address of Alternate Agent: _____
Telephone # of Alternate Agent: _____

4). Do you authorize agent to make decisions regarding your body if you should die including burial, organ donations, and autopsies. _____

5). Do you authorize agent to make decisions regarding withdrawing life-support if you are terminally ill with no hope for recovery?

6). Are there any additional limitations you want to place on your agent in regards to making medical decisions on your behalf? _____

Please read the information sheet carefully and check for correct spelling of names and correct dates. Any wrong information or changes due to misspellings or changes by you will require a \$15.00 charge. You must notify us within 30 days if there are any errors or omissions. After 30 days there will be a charge for changes.