



Your Name \_\_\_\_\_

2 witnesses need to sign on Page 14, or a notarial officer on Page 12.

Fill out **only** the parts you want. Always sign the form in Part 3.

You can fill out Part 1, Part 2, or both.

The form must be signed before it can be used.

**Part 3**

**Sign the form, Page 13**

want if you are not able to tell them yourself.

This way, those who care for you will not have to guess what you

This form lets you choose the kind of health care you want.

**Part 2**

**Make your own health care choices, Page 7**