

Appointment of Legal Health Representative

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], residing at [Your Address], hereby appoint:

[Representative's Name]

[Representative's Address]

[City, State, Zip Code]

As my legal health representative. This appointment confers the authority to make health care decisions on my behalf in the event that I am unable to do so myself.

This appointment is effective immediately and shall remain in effect until revoked by me in writing.

Signatures:

[Your Name]

[Representative's Name]

Date: [Insert Date]

Witnessed By:

[Witness's Name]

[Witness's Address]

Date: [Insert Date]