

# Health Care Agent Nomination Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], hereby nominate the following person as my health care agent:

**Name:** [Agent's Name]

**Relationship:** [Relationship to Agent]

**Address:** [Agent's Address]

**Phone Number:** [Agent's Phone Number]

**Email Address:** [Agent's Email Address]

This nomination grants my health care agent the authority to make medical decisions on my behalf in the event that I am unable to do so.

I understand that I have the right to revoke this nomination at any time and that this document will remain in effect until I do so.

Thank you for your consideration.

Sincerely,

[Your Signature]

[Your Printed Name]