

Surrogate Decision-Maker Declaration

Date: _____

To Whom It May Concern,

I, **[Your Name]**, born on **[Your Birth Date]**, residing at **[Your Address]**, hereby declare that I appoint **[Surrogate's Name]**, born on **[Surrogate's Birth Date]**, residing at **[Surrogate's Address]**, as my surrogate decision-maker.

This declaration is made in accordance with applicable laws and is intended to authorize my surrogate decision-maker to make health care decisions on my behalf in the event that I am unable to do so due to incapacity.

My surrogate decision-maker shall have the authority to make all health care decisions on my behalf, including but not limited to consent to or refuse medical treatment, access my medical records, and make decisions regarding my health care providers.

Furthermore, I hereby revoke any prior declarations of surrogate decision-making that may have been made.

Signed,

[Your Name] - Declarant

Witnessed by:

[Witness Name]

[Witness Signature]