

Your Full Name: _____
 Please tick if your details are already on file.
Residential Address: _____
Postal Address: _____
Telephone: _____ Mobile Number: _____
City of Birth: _____
Occupation _____ Date of Birth: ___ / ___ / ___

The person you appoint for your **Advance Care Directive** known as your Substitute Decision Maker is a person you trust to make medical and lifestyle decisions for you in the event that you become incapacitated.

SUBSTITUTE DECISION MAKERS (you can have up to three people)

Substitute Decision Maker #1

Tick here if you have already given us their details.

Full Names: Mr / Mrs / Ms _____
Residential Address: _____
Postal Address: _____
Telephone: _____
Mobile: _____
Occupation: _____ Date of Birth: ___ / ___ / ___
What is his/her relationship to you? _____
If the person is your spouse, do you want their decision to be binding over the other people you appoint? Yes No

Substitute Decision Maker #2

Tick here if you have already given us their details.

Full Names: Mr / Mrs / Ms _____
Residential Address: _____
Postal Address: _____
Telephone: _____
Mobile: _____
Occupation: _____ Date of Birth: ___ / ___ / ___
What is his/her relationship to you? _____

Substitute Decision Maker #3

Tick here if you have already given us their details.

Full Names: Mr / Mrs / Ms _____
Residential Address: _____
Postal Address: _____
Telephone: _____
Mobile: _____
Occupation: _____ Date of Birth: ___ / ___ / ___
What is his/her relationship to you? _____

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===== L E G A L =====

MEDICAL ADVANCE
CARE DIRECTIVE