

INSTRUCTIONS FOR FILLING OUT A VA ADVANCE DIRECTIVE

PAGE 1

PART I: PERSONAL INFORMATION:

- Fill in your name, Social Security number, address and phone number(s).

PAGE 2: Enter name and Social Security number at the top of page.

PART II: DURABLE POWER OF ATTORNEY (Please read carefully).

- If you do not wish to have a Health Care Agent initial the first box and go to page 3, Part III.
- If you wish to name a health care agent initial in second box and complete Parts A and B.

Part A - Health Care Agent

- Fill in all information for your Health Care Agent (Part A) and, if desired, Alternate Health Care Agent (Part B on page 3).

PAGE 3: Enter name and social security number at the top of the page.

Part B - Alternate Health Care Agent

- Fill in all information for your Alternate Health Care Agent if you desire an alternate..

PART III: LIVING WILL (Please read carefully)

Part A - Specific Preferences about life-sustaining treatments

- Initial the appropriate box, "yes" "no" or "it would depend" regarding life sustaining treatments.

PAGE 4: Enter name and Social Security number at the top of the page.

Part A - Specific Preferences about Life-Sustaining Treatments (continued)

- Initial the appropriate box, "yes" "no" or "it would depend" regarding life sustaining treatments.

Part B - Mental Health Preferences (please read carefully):

- This section is optional. Write in any preferences you may have regarding your mental health.

PAGE 5: Enter name and Social Security number at the top of the page.

Part C – Additional Preferences

- Write what kind of treatment you want if you are unable to make your own medical decisions. Example on: Are you willing to allow your health care agent to place you in a nursing home if you are unable to care for yourself?

Part D – How Strictly You Want Your Preferences Followed

- Initial in how strictly you want your wishes followed.
- The first box should be initialed if you are making this a general guide for your health care agent, but still allowing the individual to make the final decision.
- The second box should be initialed if you want your wishes followed strictly.

PAGE 5 (continued).

PART IV: SIGNATURES

Part A – Your Signature: You must sign and date document in front of two witnesses.

PAGE 6: Enter name and Social Security number at the top of the page.

Part B – Witnesses' Signature (read directions carefully): You must have two witnesses sign this form.

- Witnesses may NOT be your Health Care Agent or a person financially responsible for you.
- Witnesses MUST be over 18 years of age.

PAGE 7: Enter name and social security number at the top of the page.

PART IV: SIGNATURE AND SEAL OF NOTARY PUBLIC

- This section is optional ONLY if you have it signed and witnessed at a VA facility.
- If you fill this out and mail it to the VA Medical Center, you will need to have it witnessed and notarized before mailing it in.
- Take entire document to a local Notary Public. Sign the document again in front of the Notary Public.
- Make a copy and send the copy to: Oscar G. Johnson VA Medical Center, 325 East H Street, Iron Mountain, MI 49870, Attn: Deb Pate.