

# Vermont Advance Directive Registry

## AUTHORIZATION TO CHANGE FORM

### **Section A:** Registrant information

Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Other ( ) \_\_\_\_\_ - \_\_\_\_\_

### **Emergency Contacts:** Have your emergency contacts changed? NO Yes (please complete information below)

*NOTE: Emergency contacts and your health care agents can be different individuals. If you need to modify your health care agent, please update following the instructions below.*

Primary: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary: Name \_\_\_\_\_ Phone: \_\_\_\_\_

### **Section B:**

#### **B1. Changes requiring additional documents**

- Amend Check this box to amend the advance directive. Attach the amending statement to this form.
- Revoke partial Check this box to cancel a part of your advance directive. Attach the revocation statement to this form.
- Suspension Check this box to temporarily stop all or a part of your advanced directive from applying for a defined time period, or while a certain condition exists. Attach documentation detailing the parts of the advance directive to be suspended, and please describe when the, Suspension begins: \_\_\_\_\_ Suspension ends: \_\_\_\_\_
- Replacement Check this box to replace the existing advance directive.

#### **B2. Changes NOT requiring additional documents**

- Revoke entire Check this box to cancel your entire advance directive.
- Delete Check this box to delete the advance directive from the registry.
- Suspension Check this box to temporarily stop all or a part of your advanced directive from applying for a defined time period or while a certain condition exists. Use the lines below to describe the suspension to all, or parts of the advance directive, and include when the suspension is to begin and end.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Suspension begins: \_\_\_\_\_  
Suspension ends: \_\_\_\_\_

### **Section C: Signature**

*I certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Advance Directive Registry.*

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Signature Date: \_\_\_\_\_

