

whatmattersny.org

Name

Phone

Name

Phone

Name

Phone

Name

Phone

Copies of my Health Care Proxy are in the possession of:



# HEALTH CARE PROXY

I, \_\_\_\_\_, of

Street/City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

\_\_\_\_\_  
Signature (Proxy Initiator)

hereby appoint \_\_\_\_\_, of

Street/City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

as my healthcare agent to make all health-related decisions for me if I am unable to communicate them myself. My healthcare agent is aware of my wishes, including my wishes about artificial nutrition and hydration.

Alternate Agent (Print) \_\_\_\_\_

Street/City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

This proxy was signed in my presence. The signer is known to me and appears to be of sound mind and able to act of his/her own free will.

\_\_\_\_\_  
Witness

Date

\_\_\_\_\_  
Witness

Date