INSTRUCTIONS FOR SURROGATE DESIGNATION FORM

1. Fill in your complete name in the blank provided on top of the form.

2. Put the name, address and phone number of the person you are designating to serve as your health care surrogate in the second series of blanks.

3. Put the name, address and phone number of the person you are designating to serve as your alternate health care surrogate in the third series of blanks. If you do not wish to choose an alternate health care surrogate, you may leave this area open and this will not affect the rest of the document.

4. Sign this document in front of two witnesses. The party designated as a surrogate or alternate cannot be the witness and at least one person who acts as a witness shall be neither your spouse nor blood relative.

5. Give a copy of this designation form to all of your health care providers. Keep the original in a safe place.

6. This designation can be voided by designating a new health care surrogate or by clearly revoking it. However, the new health care surrogate designation or the revocation may not become effective unless communicated to all of your health care providers.

THESE INSTRUCTIONS ARE FOR GENERAL INFORMATION ONLY.