

# HEALTH CARE PROXY



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

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

[whatmattersny.org](http://whatmattersny.org)

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