SAMPLE ONLY - NOT A VALID DOCUMENT

How to sign your Advance Directive for Health Care

1. Read it. Check that every name and phone number is right.
2. Initial every line marked **INITIAL >** in the left margin. Those are the choices you made. Leave the other initial lines blank.
3. Get **two witnesses** who are at least 18 and of sound mind. They don't have to be together or with you when you sign.
4. A witness can't be John Sample (your agent or back-up agents), anyone who will inherit from you or gain financially from your death, or anyone directly involved in your health care. Only one witness may work for a hospital, nursing facility or hospice where you're receiving care.
5. Sign and date PART FOUR. Each witness signs, dates and prints their name and address.
6. No notary is needed.
7. Give copies to John Sample, your family and your doctor. Keep the original at home where it's easy to find.

This is a self-help document built on the Georgia statutory form (O.C.G.A. § 31-32-4). It is not legal advice, and no attorney has reviewed your answers.

SAMPLE

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GEORGIA ADVANCE DIRECTIVE FOR HEALTH CARE

By: Jane Q. Sample Date of Birth: _____

This advance directive for health care has four parts:

PART ONE HEALTH CARE AGENT. This part allows you to choose someone to make health care decisions for you when you cannot (or do not want to) make health care decisions for yourself. The person you choose is called a health care agent. You may also have your health care agent make decisions for you after your death with respect to an autopsy, organ donation, body donation, and final disposition of your body. You should talk to your health care agent about this important role.

PART TWO TREATMENT PREFERENCES. This part allows you to state your treatment preferences if you have a terminal condition or if you are in a state of permanent unconsciousness. PART TWO will become effective only if you are unable to communicate your treatment preferences. Reasonable and appropriate efforts will be made to communicate with you about your treatment preferences before PART TWO becomes effective. You should talk to your family and others close to you about your treatment preferences.

PART THREE GUARDIANSHIP. This part allows you to nominate a person to be your guardian should one ever be needed.

PART FOUR EFFECTIVENESS AND SIGNATURES. This part requires your signature and the signatures of two witnesses. You must complete PART FOUR if you have filled out any other part of this form.

You may fill out any or all of the first three parts listed above. You must fill out PART FOUR of this form in order for this form to be effective.

You should give a copy of this completed form to people who might need it, such as your health care agent, your family, and your physician. Keep a copy of this completed form at home in a place where it can easily be found if it is needed. Review this completed form periodically to make sure it still reflects your preferences. If your preferences change, complete a new advance directive for health care.

Using this form of advance directive for health care is completely optional. Other forms of advance directives for health care may be used in Georgia.

You may revoke this completed form at any time. This completed form will replace any advance directive for health care, durable power of attorney for health care, health care proxy, or living will that you have completed before completing this form.

PART ONE: HEALTH CARE AGENT

[PART ONE will be effective even if PART TWO is not completed. A physician or health care provider who is directly involved in your health care may not serve as your health care agent. If you are married, a future divorce or annulment of your marriage will revoke the selection of your current spouse as your health care agent. If you are not married, a future marriage will revoke the selection of your health care agent unless the person you selected as your health care agent is your new spouse.]

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Sample ends here. The full form continues after this page.