

MEDICAL POWER OF ATTORNEY  
INFORMATIONAL SHEET

This allows someone else to make medical decisions on your behalf if you are incapacitated or otherwise unable to.

1). Full legal name of Grantor: \_\_\_\_\_

Address of Grantor: \_\_\_\_\_

\_\_\_\_\_

Telephone # of Grantor: \_\_\_\_\_

2). Full legal name of Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

\_\_\_\_\_

Telephone # of Agent: \_\_\_\_\_

3). Full legal name of Alternate Agent: \_\_\_\_\_

Address of Alternate Agent: \_\_\_\_\_

\_\_\_\_\_

Telephone # of Alternate Agent: \_\_\_\_\_

4). Do you authorize agent to make decisions regarding your body if you should die including burial, organ donations, and autopsies. \_\_\_\_\_

5). Do you authorize agent to make decisions regarding withdrawing life-support if you are terminally ill with no hope for recovery?

6). Are there any additional limitations you want to place on your agent in regards to making medical decisions on your behalf? \_\_\_\_\_

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