

Vermont Advance Directive Registry

AUTHORIZATION TO CHANGE FORM

Section A: Registrant information

NAME			DATE OF BIRTH
MAILING ADDRESS			
CITY	STATE	ZIP	REGISTRY REGISTRANT ID #
HOME PHONE NUMBER		ALTERNATE PHONE NUMBER	
Would you like to be contacted by email? <input type="checkbox"/> NO <input type="checkbox"/> YES		EMAIL ADDRESS:	

Emergency Contacts: Have your emergency contacts changed? NO YES (If yes, please complete information below)
Note: emergency contacts and your health care agents can be different individuals. If you need to modify your health care agent, please update following the instructions below.

Primary: Name _____ Phone: _____

Secondary: Name _____ Phone: _____

Section B:

B1. Changes requiring additional documents

- Amend
Check this box to amend the advance directive. Attach the amending statement to this form.
- Revoke partial
Check this box to cancel a part of your advance directive. Attach the revocation statement to this form.
- Suspension
Check this box to temporarily stop all or a part of your advanced directive from applying for a defined time period, or while a certain condition exists. Attach documentation detailing the parts of the advance directive to be suspended, and please describe when the,
 Suspension begins: _____
 Suspension ends: _____
- Replacement
Check this box to replace the existing advance directive.

B2. Changes NOT requiring additional documents

- Revoke entire
Check this box to cancel your entire advance directive.
- Delete
Check this box to delete the advance directive from the registry.
- Suspension
Check this box to temporarily stop all or a part of your advanced directive from applying for a defined time period or while a certain condition exists. Use the lines below to describe the suspension to all, or parts of the advance directive,
 Suspension begins: _____
 Suspension ends: _____

Section C: Signature

I certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Advance Directive Registry.

Print Name: _____

Sign Name: _____

Signature Date: _____

