

Vermont Advance Directive Registry

ADVANCE DIRECTIVE LOCATOR FORM

I have prepared an advance directive, and have chosen not to submit it to the Vermont Advance Directive Registry for scanning and storage. Instead, this Locator Form identifies the location(s) of where the advance directive can be found.

Name of registrant: _____
Date of Birth: _____
Address: _____
City: _____ Zip Code: _____
Telephone: (_____) _____

(1) Name of person holding document: _____
Location of Document: _____

Telephone: (_____) _____

(2) Name of person holding document: _____
Location of Document: _____

Telephone: (_____) _____

(3) Name of person holding document: _____
Location of Document: _____

Telephone: (_____) _____

Other locations where the document can be found:

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|---|
| <p style="text-align: center;">Registry Use Only</p> <p>Date Received: Date Confirmed: 53101301</p> |
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