

## Vermont Advance Directive Registry

### Registration Agreement & Authorization to Change Form

(Documents A & B per the Vermont Advance Directive Rule)

#### Directions

1. Read the Registration Policy on page 3 and complete the relevant sections below. Please type or print clearly.
  - a. **First-time Registrants:** Complete the Required Registrant Information & Document A.
  - b. **Updating an Advance Directive already on file:** Complete the Required Registrant Information & Document B.
2. Attach a signed and witnessed copy of your advance directive.
3. Registrations **must** include a completed and signed Registration Agreement or Authorization to Change form and a copy of the signed and witnessed advance directive document.
4. Once forms are completed and signed, send forms by email\*, mail **or** fax:

E-mail to: [VADRSupport@vtethicsnetwork.org](mailto:VADRSupport@vtethicsnetwork.org) \*Email submissions must be in PDF format.

Or Mail to: Vermont Ethics Network  
61 Elm Street, Suite 1  
Montpelier, VT 05602

Or Fax to: 802-828-2646

For additional information visit: <http://healthvermont.gov/vadr/> or call 1-802-828-2909

#### Required Registrant Information

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: Primary (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary Mailing Address (if applicable):

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Emergency Contacts

*Please list cell number first if available*

Primary: Name: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary: Name: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NOTICE: All submissions to the Registry must include a signed and witnessed copy of the registrant's Advance Directive. This applies to both first-time submissions and updates to existing documents.**

**Document A: Registration Agreement**

Complete this section **only** if this is your first time registering your advance directive.

I, \_\_\_\_\_ (print name) request that my advance directive be registered in the Vermont Advance Directive Registry, and authorize its access as allowed by Vermont law. By signing below, I acknowledge and affirm that: the information provided is accurate; I have read, understand, and agree to the terms of the Registry Registration Policy; I will safeguard my registrant identification number and wallet card from unauthorized access; and I will immediately notify the Registry in writing of changes to my registration information or advance directive. I execute this agreement voluntarily and without coercion, duress, or undue influence by any party. I understand that anyone who has access to my wallet card can use it to gain access to my documents and personal information. This authorization remains in effect until I revoke it.

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

**Document B: Authorization to Change**

Complete this section **only** if you are currently registered and making updates to an advance directive already on file with the Vermont Advance Directive Registry.

Check the box below that applies to your submission.

- Amend:** Check this box to amend your existing advance directive. This option will keep your prior documents on file with the newest document first (reverse chronological order).
- Replace:** Check this box to replace your existing advance directive. This option will remove the prior documents from your account and only display the most recent submission.
- Suspend:** Check this box to temporarily inactivate all or part of your advance directive for a defined period of time.  
Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Revoke:** Check this box to delete your advance directive from the registry. (This is a permanent removal from the Registry)

I, \_\_\_\_\_ (print name) 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 Vermont Advance Directive Registry.

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

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5b`UXj`UbW`X]fYVh] Y`jg`U`Y[`U`XcW`a`Ybh`h`UhV`ebj`Yng`U`dYfgcb]k`jg`Yg`fY[`UfX]b[`h`Y]f`YU`h`WfY`  
fYUha`Ybh`UbX`YbX`cZ`ZY`Wc]Wg`g`ci`X`h`Ym`Vv`ta`Y`]b`Wd`U`V]h`X`cf`ch`Yfk`jg`i`bU`V`Y`h`a`U`\_`Y`h`cgY`  
XYW]jcbg`h`Y`J`Yfa`cbh`5Xj`UbW`8]fYVh] Y`F`Y[`]ghf]g`U`XU`U`U`gY`h`Uh`U`ck`g`d`Ycd`Y`h`c`Y`Y`V`f`cb]W`m`gh`cfY`  
U`V`d`m`c`Z`h`Y`f`U`Xj`UbW`X]fYVh] Y`XcW`a`Ybh]b`U`g`Y`W`f`Y`X`U`U`U`U`g`Y`h`Uh`X`U`U`U`U`g`Y`a`U`m`V`Y`U`W`V`g`g`Y`X`k`Y`b`  
b`Y`X`Y`X`V`m`U`i`h`c`f]n`Y`X`Y`U`h`W`f`Y`d`f`c`j`X`Y`f`g`z`Y`U`h`W`f`Y`Z`U`V]h]Y`g`z`f`Y`g]X`Y`b`h]U`W`f`Y`Z`U`V]h]Y`g`z`b`Y`f`U`  
X]fYVh]c`f`g`z`U`b`X`W`Y`a`U`h`c`f`m`c`d`Y`f`U`h`c`f`g`":`c`f`a`c`f`Y`]b`Z`c`f`a`U`h]c`b`z`j`]g]h`h`d`#`#`Y`U`h`j`Y`fa`c`b`h`[`c`j`#`U`X`f`#`"

%` Hc`fY[ ]ghf`Ub`UXj`UbW`X]fYVh] Y`j`]U`a`U]`z`Z`U`z`c`f`Ya`U]`z`h`Y`fY[ ]ghf`Ub`h`a`i`gh`V`ta`d`Y`h`U`b`X`g`Y`b`X`h`Y`  
FY[ ]ghf`U`h]c`b`5[`f`Y`Ya`Y`bh`i`Z`c`f`a`U`c`b[`k`]h`U`V`d`m`c`Z`h`Y`U`Xj`UbW`X]fYVh] Y`XcW`a`Y`bh`h`c`.

J`Y`fa`c`b`h`9`h`]m`g`B`Y`h`k`c`f`\_` Fax: 1-802-828-2646  
\*`%`9`a`G`h`f`Y`h`z`G`i`]h`%` Email: [VADRSupport@vtethicsnetwork.org](mailto:VADRSupport@vtethicsnetwork.org)  
A`c`b`h`d`Y`]f`J`Y`fa`c`b`h`\$`)\*`\$`&` \*Email submissions must be in PDF format.

&` FY[ ]ghf`U`b`h]g`k`l`c`i`d`c`U`X`h`Y`f`XcW`a`Y`bh]j`]U`i`g`Y`f`i`d`c`U`X`c`b`c`h`b`Y`Y`X`h`c`V`ta`d`Y`h`h`Y`FY[ ]ghf`U`h]c`b`  
5[`f`Y`Ya`Y`bh`i`c`f`5`i`h`c`f]n`U`h]c`b`h`c`7`U`b[`Y`Z`c`f`a`"h`Y`b`Y`W`g`g`U`f`m`U[`f`Y`Ya`Y`bh]g`U`b`X`U`i`h`c`f]n`U`h]c`b`k`j`"V`Y`  
V`ta`d`Y`h`X`X`i`f]b[`h`Y`c`b`]b`Y`i`d`c`U`X`d`f`c`W`g`g`"

'` I`d`c`b`f`Y`W]d`h`c`Z`h`Y`FY[ ]ghf`U`h]c`b`5[`f`Y`Ya`Y`bh`U`b`X`U`h`U`W`a`Y`bh]g`z`h`Y`FY[ ]ghf`r`m`k`]"`g`W`b`h`Y`U`Xj`UbW`  
X]fYVh] Y`U`b`X`g`h`c`f`Y`]h]b`h`Y`X`U`U`U`U`g`Y`U`c`b[`k`]h`f`Y[ ]ghf`U`b`h]X`Y`b`h]z`h]b[ ]b`Z`c`f`a`U`h]c`b`Z`c`a`h`Y`FY[ ]ghf`U`h]c`b`  
5[`f`Y`Ya`Y`bh`i`h`Y`FY[ ]ghf`r`m`k`]"`g`Y`b`X`U`V`e`b`Z`f`a`U`h]c`b`"Y`h`Y`f`h`c`h`Y`FY[ ]ghf`U`b`h]U`c`b[`k`]h`U`f`Y[ ]ghf`U`h]c`b`  
b`i`a`V`Y`f`z`]b`g`r`f`i`V]c`b`g`Z`c`f`i`g]b[`h`Y`FY[ ]ghf`U`h]c`b`b`i`a`V`Y`f`h`c`U`W`V`g`g`XcW`a`Y`bh]g`U`h`h`Y`FY[ ]ghf`r`m`k`Y`V`g]h`z`U`  
k`U`Y`h`W`f`X`z`U`b`X`g`h]W`Y`f`g`h`c`U`Z]i`h`c`U`X`f]j`Y`f`h]g`]"W`b`g`Y`c`f`]b`g`i`f`U`b`W`W`f`X`"h`Y`FY[ ]ghf`U`h]c`b`]g`b`c`h`Y`Z`Y`V]h] Y`  
i`b`h]`f`Y`W]d`h`c`Z`h`Y`V`e`b`Z`f`a`U`h]c`b`"Y`h`Y`f`U`b`X`f`Y[ ]ghf`U`h]c`b`a`U`h`f]U`g`]g`a`U`X`Y`V`m`f`Y[ ]ghf`U`b`h`"

("` FY[ ]ghf`U`b`h]g`g`l`c`i`X`g`U`f`Y`h`Y`FY[ ]ghf`U`h]c`b`b`i`a`V`Y`f`Z`c`a`h`Y`k`U`Y`h`W`f`X`k`]h`U`b`n`c`b`Y`h`U`h`i`g`l`c`i`X`U`j`Y`  
U`W`V`g`g`h`c`h`Y`f`U`Xj`UbW`X]fYVh] Y`g`Z`c`f`Y`I`U`a`d`Y`z`h`Y`FY[ ]ghf`U`b`h]g`U[`Y`b`h`z`Z`J`a`]m`a`Y`a`V`Y`f`g`z`c`f`d`a`n`g]V]U`b`  
5`b`n`c`b`Y`a`U`m`U`W`V`g`g`U`d`Y`f`g`c`b]g`U`Xj`UbW`X]fYVh] Y`i`g]b[`h`Y`FY[ ]ghf`U`h]c`b`b`i`a`V`Y`f`"5`X`X]h]c`b`U`n`z`k`Y`b`h`Y`  
FY[ ]ghf`U`h]c`b`b`i`a`V`Y`f`]g`b`c`h`f`Y`U`X]m`U`j`U]U`V`Y`z`U`b`U`i`h`c`f]n`Y`X`Y`U`h`W`f`Y`d`f`c`j`X`Y`f`W`b`g`Y`U`f`W`h`Y`FY[ ]ghf`m`  
Z`c`f`U`g`d`Y`V]W]d`Y`f`g`c`b]g`U`Xj`UbW`X]fYVh] Y`i`g]b[`U`f`Y[ ]ghf`U`b`h]g`d`Y`f`g`c`b`U`]X`Y`b`h]z`h]b[ ]b`Z`c`f`a`U`h]c`b`"

)` H`Y`FY[ ]ghf`U`b`h]g`f`Y`g`d`c`b`g]V`Y`Z`c`f`Y`b`g`i`f]b[`h`U`h`

U`"` h`Y`U`Xj`UbW`X]fYVh] Y`j`g`d`f`c`d`Y`f`m`Y`I`Y`W`h`Y`X`]b`U`W`v`f`X`U`b`W`k`]h`h`Y`"U`k`g`i`c`Z`h`Y`g`h`U`h]c`Z`J`Y`fa`c`b`h`  
V`"` h`Y`V`e`d`m`c`Z`h`Y`U`Xj`UbW`X]fYVh] Y`g`Y`b`h`c`h`Y`FY[ ]ghf`r`n`z`]Z`U`d`l`c`h`c`V`e`d`m`c`Z`h`Y`c`f][`]b`U`z`]g`V`e`f`f`Y`V`h`U`b`X`  
f`Y`U`X`U`V`Y`"  
W` h`Y`]b`Z`c`f`a`U`h]c`b`]b`V`c`h`h`Y`FY[ ]ghf`U`h]c`b`5[`f`Y`Ya`Y`bh`U`b`X`U`Xj`UbW`X]fYVh] Y`XcW`a`Y`bh]g`]g`U`W`V`f`U`h`  
U`b`X`i`d`h`c`X`U`h`"

X`"` h`Y`FY[ ]ghf`m`]g`b`c`h]Z`Y`X`U`g`g`c`c`b`U`g`d`c`g`g]V`Y`c`Z`U`b`m`W`U`b[`Y`g`h`c`h`Y`U`Xj`UbW`X]fYVh] Y`c`f`f`Y[ ]ghf`U`h]c`b`  
]b`Z`c`f`a`U`h]c`b`V`m`V`ta`d`Y`h]b[`U`b`X`g`i`V`a`]h]b[`U`b`5`i`h`c`f]n`U`h]c`b`h`c`7`U`b[`Y`Z`c`f`a`k`]h`h`Y`W`U`b[`Y`g`  
U`d`d`Y`b`X`Y`X`z`c`f`d`f`Y`Z`f`U`V`n`z`k`]h`U`b`i`d`X`U`h`Y`X`V`e`d`m`c`Z`h`Y`U`Xj`UbW`X]fYVh] Y`h`c`h`Y`FY[ ]ghf`r`m`i`

\*\*` h]U`f`Y[ ]ghf`U`h]c`b`U`g`k`Y`"U`g`g`i`V`g`Y`e`i`Y`b`h`W`U`b[`Y`g`U`b`X`i`d`X`U`h`Y`g`h`c`h`Y`FY[ ]ghf`U`h]c`b`]b`Z`c`f`a`U`h]c`b`c`f`h`Y`  
U`Xj`UbW`X]fYVh] Y`XcW`a`Y`bh]g`U`f`Y`Z`f`Y`c`Z`W`U`f`Y`"

+` h`Y`FY[ ]ghf`U`h]c`b`5[`f`Y`Ya`Y`bh]g`U`f`Y`a`U]b`]b`Y`Z`Y`V`h`i`b`h]h`Y`FY[ ]ghf`r`m`f`Y`W]j`Y`g`f`Y`]U`V`Y`]b`Z`c`f`a`U`h]c`b`h`U`h`  
h`Y`FY[ ]ghf`U`b`h]g`X`Y`W`U`g`Y`X`z`c`f`h`Y`FY[ ]ghf`U`b`h]f`Y`e`i`Y`g`h]g`]b`k`f]h]b[`h`U`h`h`Y`FY[ ]ghf`U`h]c`b`5[`f`Y`Ya`Y`bh`V`Y`  
h`Y`fa`]b`U`h`X`"K`Y`b`h`Y`5[`f`Y`Ya`Y`bh]g`h`Y`fa`]b`U`h`Y`X`z`h`Y`FY[ ]ghf`r`m`k`]"`f`Y`a`c`j`Y`f`Y[ ]ghf`U`b`h]g`U`Xj`UbW`X]fYVh] Y`  
Z`c`a`h`Y`FY[ ]ghf`m`X`U`U`U`U`g`Y`z`U`b`X`h`Y`Z]Y`k`]"`b`c`"c`b[`Y`f`V`Y`U`W`V`g`g]V`Y`h`c`d`f`c`j`X`Y`f`g`"

,` C`b`m`h`Y`FY[ ]ghf`m`W`b`W`U`b[`Y`h`Y`h`Y`fa`g`i`c`Z`h`Y`FY[ ]ghf`U`h]c`b`5[`f`Y`Ya`Y`bh`i`