

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 *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: _____

FY[]ghU}cb`Dc`Mh

5b`UXj UbW`X}fYVh}j Y`jg`U`Y[U`XcW`a Ybh}h`UhV}b}j Yng`U`dYfgcb}g`k`jg`Yg`fY[UfX}b[`h`Y}f`YU`h`WfY`
fYUha YbhUbX`YbX`cZ`ZY`Wc}W}g`g`ci`X`h`Ym`V}V}a`Y`j}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`cbh5Xj`UbW`8}fYVh}j`Y`F`Y[]ghf}m}g`U`XU`h`U`U`g`Y`h`Uh`U`ck`g`d`Ycd`Y`h`c`Y`Y`V`h`cb}W`m`gh`cfY`
U`V}d`m`c`Z`h`Y`f`U`Xj`UbW`X}fYVh}j`Y`XcW`a`Ybh}b`U`g`Y`W`f`Y`X`U`h`U`U`g`Y`"H`Uh`X`U`h`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`j`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`W`j`h`Y`g`z`f`Y`g`X`Y`b`h`U`W`f`Y`Z`U`W`j`h`Y`g`z`b`Y`f`U`
X}fYVh}c`f`g`z`UbX`W`Y`a`U`h`c`f`m`c`d`Y`f`U`h`c`f`g`":`cf`a`cf`Y`j}b`Z`c`f`a`U`h}cb`z`j`j`g`h`h`d`.#`#`Y`U`h`j`Y`fa`cb`h`[`c`j`#`j`U`X`f`#`"

%` H`c`f`Y[]ghf`U`b`UXj`UbW`X}fYVh}j`Y`j`U`a`U`j`z`Z`U`z`c`f`Y`a`U`j`z`h`Y`f`Y[]ghf`U`b`h`a`i`g`h`V}a`d`Y`h`U`b`X`g`Y`b`X`h`Y`
F`Y[]ghf`U`h}cb`5[`f`Y`a`Y`bh`i`Z`c`f`a`U`cb`[`k`]h`U`V}d`m`c`Z`h`Y`U`Xj`UbW`X}fYVh}j`Y`XcW`a`Y`bh`h`c`.

J`Y`fa`cb`h`9`h`j`h`B`Y`h`k`c`f`_`

Fax: 1-802-828-2646

*`%`9`a`G`h`f`Y`h`z`G`i`j`h`%`

Email: VADRSupport@vtethicsnetwork.org

A`cb`h`d`Y`Y`f`J`Y`fa`cb`h`\$`)*`\$`&`

*Email submissions must be in PDF format.

&`" F`Y[]ghf`U`b`h}g`k`l`c`i`d`c`U`X`h`Y`f`XcW`a`Y`bh`j`j`U`i`g`Y`f`i`d`c`U`X`Xc`b`ch`b`Y`Y`X`h`c`V}a`d`Y`h`h`Y`F`Y[]ghf`U`h}cb`
5[`f`Y`a`Y`bh`i`c`f`5`i`h`c`f`j`n`U`h}cb`h`c`7`U`b`[`Y`Z`c`f`a`"H`Y`b`Y`W`g`g`U`f`m`U`[`f`Y`a`Y`bh`g`U`b`X`U`i`h`c`f`j`n`U`h}cb`k`j`"V`Y`
V}a`d`Y`h`X`X`i`f`j`b[`h`Y`c`b`i`j`b`Y`i`d`c`U`X`d`f`c`W`g`g`"

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

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

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

U`" H`Y`U`Xj`UbW`X}fYVh}j`Y`j`g`d`f`c`d`Y`f`m`Y`I`Y`W`h`Y`X`j`b`U`W`V}f`X`U`b`W`k`j`h`h`Y`"U`k`g`i`c`Z`h`Y`g`h`U`h`i`c`Z`J`Y`fa`cb`h`i`

V`" H`Y`V}d`m`c`Z`h`Y`U`Xj`UbW`X}fYVh}j`Y`g`Y`b`h`c`h`Y`F`Y[]ghf`r`n`z`j`Z`U`d`l`c`h`c`V}d`m`c`Z`h`Y`c`f`j`[]b`U`z`j`g`V}d`f`Y`V`h`U`b`X`
f`Y`U`X`U`V`Y`"

W`" H`Y`j}b`Z`c`f`a`U`h}cb`j}b`V`ch`h`Y`F`Y[]ghf`U`h}cb`5[`f`Y`a`Y`bh`U`b`X`U`Xj`UbW`X}fYVh}j`Y`XcW`a`Y`bh`g`j`g`U`W`V`f`U`h`Y`
U`b`X`i`d`h`c`X`U`h`Y`"

X`" H`Y`F`Y[]ghf`m`j`g`b`ch`j`Z`Y`X`U`g`g`c`c`b`U`g`d`c`g`g`j`V`Y`c`Z`U`b`m`W`U`b`[`Y`g`h`c`h`Y`U`Xj`UbW`X}fYVh}j`Y`c`f`f`Y[]ghf`U`h}cb`
j}b`Z`c`f`a`U`h}cb`V`m`V}a`d`Y`h}b[`U`b`X`g`i`V`a`j`h}j`b[`U`b`5`i`h`c`f`j`n`U`h}cb`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`Y`f`U`V`n`z`k`j`h`U`b`i`d`X`U`h`Y`X`V}d`m`c`Z`h`Y`U`Xj`UbW`X}fYVh}j`Y`h`c`h`Y`F`Y[]ghf`m`i`

*`" h}j`U`f`Y[]ghf`U`h}cb`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`f`Y[]ghf`U`h}cb`j}b`Z`c`f`a`U`h}cb`c`f`h`Y`
U`Xj`UbW`X}fYVh}j`Y`XcW`a`Y`bh`g`U`f`Y`Z`Y`Y`c`Z`W`U`f`Y`"

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

,`" C`b`m`h`Y`F`Y[]ghf`m`W`b`W`U`b`[`Y`h`Y`h`Y`fa`g`i`c`Z`h`Y`F`Y[]ghf`U`h}cb`5[`f`Y`a`Y`bh`i`