

# Carrying Cards for Advance Directive

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⚠ ATTENTION PLEASE ⚠

I, \_\_\_\_\_,

have the following Advance Directive(s):

Living Will       Health Care Proxy

For more information contact:

1. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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3. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

4. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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5. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

6. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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7. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

8. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cut out and complete the information on the card. Keep a copy in your wallet, purse, car, etc. Feel free to make copies and share with others.