

NEW YORK STATE HEALTH CARE PROXY

I, _____, date of birth _____
(Your Name - PLEASE PRINT) (Month/Day/Year)

hereby appoint: _____
(Name of Your Agent)

(Home Address and Telephone Number of Your Agent)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. My agent does know my wishes regarding artificial nutrition and hydration.

This Health Care Proxy shall take effect in the event I become unable to make my own health care decisions.

Optional Instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he/she otherwise knows. _____

If the person I appoint above is unable, unwilling or unavailable to act as my health care agent, I name the following person as my substitute/fill-in agent:

(Name, Home Address and Telephone Number of Alternative Agent)

Organ Donation Option Upon my death:

- I **do not** wish to donate my organs, tissues or parts.
- I **do** wish to be an organ donor and upon my death, I wish to donate:
 - () Any needed organs, tissues or parts; OR,
 - () The following organs, tissues or parts: _____
 - () My gift is for the following purposes: (Put a line through any of the following you do not want)
 - * Transplant
 - * Therapy
 - * Research
 - * Education

Unless I revoke it, this proxy shall remain in effect indefinitely or until the date or condition I have stated below. This proxy shall expire (specific date or conditions, if desired): _____

Signature: _____ Date: _____
(Your Signature)

Address: _____
(Your Printed Address)

Statement by Witness Below Must Be 18 years or older

I declare that the person who signed this document appeared to execute the proxy willingly and free from duress. He/she signed this document in my presence (or asked another to sign for him/her). I am not the person appointed as proxy by this document.

Witness #1: _____
(Witness Signature)

Address Of Witness #1: _____

Witness #2: _____
(Witness Signature)

Address of Witness #2: _____

(1/4/13)