

# Additional Information for Advance Health Care Directive

The following information is incorporated by reference and is to be considered as a part of the Advance Health Care Directive, dated \_\_\_\_\_, which was signed by the following declarant \_\_\_\_\_,

*Declarant must initial and date at bottom of form and insert additional information here:*

Initials of Declarant \_\_\_\_\_

Date \_\_\_\_\_



