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PERSONAL CARE POWER OF ATTORNEY QUESTIONNAIRE

Name: _____

Attorney(s): _____

To act together:

To act together or either of them alone:

Alternate Attorney(s): _____

To act together:

To act together or either of them alone:

Clause Directing No Life Support: Yes No

Specific Directions:

Name: _____

Attorney(s): _____

To act together:

To act together or either of them alone:

Alternate Attorney(s): _____

To act together:

To act together or either of them alone:

Clause Directing No Life Support: Yes No

Specific Directions:

NOTES:

- "To act together" means all need to sign. "To act together or either of them alone" means either can sign.
- Attorneys for personal care: The attorney may not be the following people: your landlord, social worker, counsellor, teacher, advocate, doctor, nurse, therapist or other health care provider, homemaker or attendant, or any person who provides care for you in the place where you live.
- Life Support: is like a living will clause which directs that life support system not be used if there is no expectation of recovery.

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