

NEW JERSEY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE

PRINT YOUR
NAME
PRINT THE
NAME,
ADDRESS AND
HOME AND
WORK
TELEPHONE
NUMBERS OF
YOUR HEALTH
CARE REP.

I, Joyce Beverly Sauter
(name)

hereby appoint: [REDACTED]
(name of health care representative)

[REDACTED] N.J. [REDACTED]
(address of health care representative)

[REDACTED]
(home phone number)

[REDACTED]
(work phone number)

to be my health care representative to make any and all health care decisions for me, including decisions to accept or to refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition, and decisions to provide, withhold or withdraw life-sustaining treatment. I direct my health care representative to make decisions on my behalf in accordance with my wishes as stated in this document, or as otherwise known to him or her. In the event my wishes are not clear, or if a situation arises that I did not anticipate, my health care representative is authorized to make decisions in my best interests.

If the person I have designated above is unable, unwilling or unavailable to act as my health care representative, I hereby designate the following person(s) to act as my health care representative, in the following order of priority:

1. Name _____

Address _____

City _____ State _____

Telephone _____

PRINT THE
NAME,
ADDRESS, AND
TELEPHONE
NUMBER OF
YOUR FIRST
ALTERNATE
HEALTH CARE
REPRESENTATIVE

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