Carrying Cards for Advance Directive

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l,, have the following Advance Directive(s):	have the following Advance Directive(s):
☐ Living Will ☐ Health Care Proxy	☐ Living Will ☐ Health Care Proxy
For more information contact:	For more information contact:
1. Family Member:	3. Family Member:
Phone:	Phone:
2. Attorney:	4. Attorney:
Phone:	Phone:
Signature:	Signature:
Date:	■ Date:
	Date:
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ATTENTION PLEASE A I,	ATTENTION PLEASE A I, have the following Advance Directive(s):
ATTENTION PLEASE A I,	ATTENTION PLEASE A I, have the following Advance Directive(s): Living Will Health Care Proxy
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ATTENTION PLEASE I,	ATTENTION PLEASE A I,
ATTENTION PLEASE I,	ATTENTION PLEASE I,
ATTENTION PLEASE I,	ATTENTION PLEASE A I,

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.