

POWER OF ATTORNEY & LIVING WILL WORKSHEET

I.

Personal Information:

Full Legal Name: _____
(include maiden name)

Address: _____

Telephone Number(s): _____

Date of Birth: _____

Marital Status: _____

Social Security Number: _____

Parish / County: _____

a) State below the person or persons to whom you would like to give power to act on your behalf:

Name: _____

Address: _____

Telephone Number(s): _____

Social Security Number: _____

Parish / County: _____

Relationship to you: _____

b) If another person or alternate is desired, please provide me with the following:

Alternate's Name: _____

Address: _____

Telephone Number(s): _____

Social Security Number: _____

Parish / County: _____

Relationship to you: _____

II.

Do you wish this power to be limited in any of the following ways?

- a) Used only if you are incapable? Yes No
- b) Used only for a specific reason or purpose? Yes No

If yes, state the reasons(s) or purpose(s) you would like this restricted:

- a) Remain in effect if you become unable through illness or incapacity to revoke it?
 Yes No
- b) Do you want a time limit on how long the power of attorney can be used?
 Yes No

If yes, how long? _____

Do you have a living will? Yes No

If so, does your living will give someone the power to make healthcare decisions?

Yes No

Use this space for any questions or comments.
