

POWER OF ATTORNEY WORKSHEET

I.

Personal Information

Full Name: _____

Address: _____

Telephone Number(s): _____

Date of Birth: _____

Marital Status: _____

Social Security Number: _____

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

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Relationship to you: _____

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

Alternate's Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

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 reason(s) or purpose(s) you would like this restricted to?

c. Remain in effect if you become unable through illness or incapacity to revoke it?
_____yes _____no

d. Do you want a time limit on how long the power of attorney can be used?
_____yes _____no

If yes, how long? _____

e. 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.