

**APPOINTMENT OF HEALTH CARE AGENT**

I appoint \_\_\_\_\_ (NAME) to be my health care agent. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment, my health care agent is authorized to:

(1) Convey to my physician my wishes concerning the withholding or removal of life support systems.

(2) Take whatever actions are necessary to ensure that my wishes are given effect.

If this person is unwilling or unable to serve as my health care agent, I appoint \_\_\_\_\_ (NAME) to be my alternative health care agent.

This request is made, after careful reflection, while I am of sound mind.

Date \_\_\_\_\_, 200\_\_\_\_ x\_\_\_\_\_

**WITNESSES' STATEMENTS**

This document was signed in our presence, by the above-named \_\_\_\_\_ (NAME) who appeared to be eighteen years of age or older, or sound mind and able to understand the nature and consequences of health care decisions at the time the document was signed.

x \_\_\_\_\_  
(Witness)

x \_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(City, State and Zip)

**(NOTE: This Form is Optional)**

STATE OF CONNECTICUT )  
 : ss. \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ ) (Town)

We, the undersigned, being duly sworn, depose and say:

That on the this date, the within named \_\_\_\_\_,  
signed the foregoing appointment of health care agent in our presence as witnesses; that  
we thereupon subscribed our names thereto as witnesses in (his/her) presence and at  
(his/her) request, and in the presence of each other; that at the time of the execution of  
said appointment of health care agent the said \_\_\_\_\_ appeared  
to be more than eighteen years of age and of sound mind and memory, and to the best of  
our judgment not under any improper restraint or influence or in any respect incompetent  
to make an appointment of health care agent; and that we make this affidavit at (his/her)  
request this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

x \_\_\_\_\_  
(Witness)

x \_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(City, State and Zip Code)

Subscribed and sworn to before me, on this \_\_\_\_\_ day of  
\_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Commissioner of the Superior Court  
Notary Public  
My Commission expires: \_\_\_\_\_

(Print or type name of all persons signing under all signatures)