

**(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)  
\_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City, State and Zip Code)

x \_\_\_\_\_  
(Witness)  
\_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(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)