

# Idaho Health Care Directive Registry

I want to:

- Store a copy of my health care directive in the Registry.
- Replace my health care directive now in the registry, file number \_\_\_\_\_, with a new one.
- Remove my health care directive from the registry.
- Request a replacement wallet card (no change to my health care directive now in the Registry)

**The personal information below is provided with the understanding that it will be stored in the Idaho Health Care Directive Registry. I certify that the Health Care Directive and Durable Power of Attorney that accompanies this Agreement is my currently effective health care directive, and was duly executed, witnessed and acknowledged in accordance with the laws of the State of Idaho.**

**I understand that use of the health care directive registry is entirely voluntary, and no one is required to register their living will or durable power of attorney with the Idaho Secretary of State. Registration or non-registration of these types of documents has no effect upon their validity. Registration only makes these documents more accessible in time of emergency.**

Fill in all blanks of this Agreement and enclose your Health Care Directive with this Agreement. We recommend that your Directive be witnessed or notarized.

Last Name	First Name	Middle Name
Address		Date of Birth
Telephone Number		
City	State	Zip Code

**Address to return wallet card and documents (if different from address above)**

Last Name	First Name	Middle Name
Address		
City	State	Zip Code

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Sign and date this Agreement and mail or deliver it to: **Idaho Secretary of State**  
**Attn: Health Care Directive Registrar**  
**700 West Jefferson, Room E205**  
**PO Box 83720**  
**Boise, ID 83720-0080**