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.

First Name, Middle Name, Last Name		
Address		Date of Birth
City, State, Zip Code	County of Residence	Last Four SSN *(optional)*

ADDRESS TO RETURN WALLET CARD AND DOCUMENTS (If Different that above)

Last Name, First Name, Middle Name
Address
City, State, Zip Code

_____
Signature of Registrant

_____
Printed Name

_____
Date

Sign and date this Agreement and send to:
Idaho Secretary of State
P.O. Box 83720
Boise, ID 83720-0080
(208) 334-2852 (phone)
hcdr@sos.idaho.gov