Health Care Directive

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This is a form for making a health care directive in accordance with the Enduring Powers of Attorney Act in New Brunswick. Before you fill out this form, you should read the PLEIS-NB guide called **Health Care Directives**.

Name			
		City/Prov	
Postal Code	Tel	Email	
	my instructions with r	respect to health care decisions that may be made on my	
behalf in the event that I lack the capacity to make them:			

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Health care instructions (continued)	
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Payacation (antional)	
Revocation (optional)	
\square I revoke all of my previous health care directives.	
Signature	Date