


Appointment of Health Care Agent

Tennessee

I, _____,  Print or type your full name here.
hereby give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent

Name: _____
Address: _____
City: _____ State: ____ Zip Code _____
Home Phone: (____) _____
Work Phone: (____) _____
Mobile Phone: (____) _____

You can name someone to make health care decisions for you in case you cannot make decisions for yourself. This person is called an "agent." To appoint an agent, you must be at least 18 or an emancipated minor.

Alternate Agent

Name: _____
Address: _____
City: _____ State: ____ Zip Code _____
Home Phone: (____) _____
Work Phone: (____) _____
Mobile Phone: (____) _____

You may name a second (alternate) agent in case your first agent is unable or unwilling to make health care decisions for you.

To be legally valid, either Block A or Block B on the next page must be properly completed and signed.

You must sign this form on the next page. You can either sign in front of 2 witnesses or have a notary public notarize your signature.

