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HEALTH CARE POWER OF ATTORNEY PDF FILLABLE FORM

Please submit the following information to initiate a consultation with a Vandennack Williams LLC attorney regarding establishing a health care power of attorney.

Prior to submitting information via this form, please review our web site terms and conditions which you can find at vanwil.com. By submitting information via this form, you acknowledge that you have read and agree to our web site terms and conditions. If you would like information about how to submit this form to us in a secure manner, please contact us at info@vanwil.com.

Note: If you need more space to complete the questions below, please feel free to attach additional sheets.

Full Legal Name of Principal (person for whom power of attorney is being completed):

Email Address: _____

Mailing Address: _____

Primary Phone Number: _____ Cell Home Work

Secondary Phone Number: _____ Cell Home Work

Principal City of Residence: _____

Principal County of Residence: _____

Principal State of Residence: _____

Health Care Agent Name: _____

Health Care Agent Address: _____

Health Care Agent Phone Number: _____ Cell Home Work

Alternate Health Care Agent Name: _____

Alternate Health Care Agent Address: _____

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Alternate Health Care Agent Phone Number:

_____ Cell Home Work

Does Principal have any special directions to agent?

After this document has been completed, please email it to info@vanwil.com or fax it to (402) 504-1935.