

Appendix B: Affidavit of Surrogate Health Care Decision Maker

AFFIDAVIT OF SURROGATE HEALTH CARE DECISION MAKER

THE UNDERSIGNED HEREBY CERTIFIES THAT:

1. The undersigned is the _____ of (nature of relationship) _____, a patient at the _____ and desires to act as a surrogate health care decision maker for the patient.
2. To the best of the knowledge and belief of the undersigned, there is no legal guardian, spouse, adult child, parent, adult sibling, or adult grandchild of the patient available to act as a surrogate health care decision maker.
3. Set forth below is a statement of the undersigned's prior relationship with the patient and specific facts demonstrating regular contact with the patient sufficient to make the undersigned familiar with the patient's activities, health and personal beliefs: _____
4. The undersigned has read the foregoing matter and does hereby swear and affirm under penalty of perjury that the representations herein are true, and the facts sworn to by the undersigned represent matters to which he is competent and qualified to determine.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit of Surrogate Health Care Decision Maker this ____ day of _____, 20____.

WITNESS: _____

(name of decision maker)

Date: _____

Date: _____