

REVOCATION OF
ADVANCE HEALTH CARE DIRECTIVE
(Statutory Living Will with Health Care Proxy)

I, _____, Declarant,
having executed an Advance Health Care Directive regarding certain choices and decisions I had
made concerning the use of artificial life sustaining procedures on the _____ day of
_____, 20____.

Alabama Code § 22-8A-5 provides that an advance directive for health care may be revoked at
any time by me by any of the following methods:

- (1) By being obliterated, burnt, torn, or otherwise destroyed or defaced in a manner
indicating intention to cancel;
- (2) By a written revocation of the advance directive for health care signed and dated by
the declarant or person acting at the direction of the declarant; or
- (3) By a verbal expression of the intent to revoke the advance directive for health care in
the presence of a witness 19 years of age or older who signs and dates a writing
confirming that such expression of intent was made.

This is my written revocation of the above referenced Declaration and I am providing a copy of
this revocation to all parties to whom I provided a copy of the original declaration.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____