

**REVOCATION OF**  
**HEALTH CARE INSTRUCTIONS, APPOINTMENT OF A**  
**HEALTH CARE AGENT, APPOINTMENT OF AN**  
**ATTORNEY-IN-FACT FOR HEALTH CARE DECISIONS,**  
**DESIGNATION OF CONSERVATOR OF THE PERSON**  
**FOR FUTURE INCAPACITY AND DOCUMENT OF**  
**ANATOMICAL GIFT**

I, \_\_\_\_\_, Declarant, having executed a Health-Care Directive on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, regarding my decisions and choices concerning my health care.

Pursuant to Connecticut Revised Statutes Sec. 19a-579a, I may revoke this document at any time and in any manner, without regard to my mental or physical condition.

I hereby revoke all or those parts of that Health-Care Directive as indicated below:

[  ] All of the Directive.

The following portions of the directive:

\_\_\_\_\_  
\_\_\_\_\_

This is my written revocation as indicated above of my Health-Care Directive and is provided to all persons to whom I have provided a copy of my Directive.

DATED this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_