

**REVOCATION OF
DESIGNATION OF HEALTH CARE SURROGATE**

I, _____, Declarant, having executed a Designation of Health Care Surrogate on the ____ day of _____, 20____.

Florida Statutes 765-203 provides that this an advance directive or designation of a surrogate may be amended or revoked at any time by a competent principal:

- (a) By means of a signed, dated writing;
- (b) By means of the physical cancellation or destruction of the advance directive by the principal or by another in the principal's presence and at the principal's direction;
- (c) By means of an oral expression of intent to amend or revoke; or
- (d) By means of a subsequently executed advance directive that is materially different from a previously executed advance directive.

This is my written revocation of the above referenced Designation of Health Care Surrogate and I am providing a copy of this revocation to all parties to whom I provided a copy of the original Designation.

DATED this the ____ day of _____, 20____.

Witness
Print Name: _____

Declarant

Witness
Print Name: _____

Printed Name of Declarant: _____

Address of Declarant: _____