

REVOCATION OF ADVANCE HEALTH-CARE DIRECTIVE

I, _____, Declarant, having executed an Advance Health-Care Directive on the _____ day of _____, 20____, regarding my decisions and choices concerning my health care. Mississippi Code Annotated 41-41-207 provides that individual may revoke all or part of an advance health-care directive, other than the designation of an agent, at any time and in any manner that communicates an intent to revoke. An individual may revoke the designation of an agent only by a signed writing or by personally informing the supervising health-care provider. I hereby revoke all or those parts of that Advance Health-Care Directive as indicated below:

- ☐ All of the Advanced Health Care Directive.
- ☐ Part 1: Power of Attorney for Health Care.
- ☐ Part 2: Instructions for Health Care.
- ☐ Part 3: Primary Physician

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

DATED this the _____ day of _____, 20_____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____