

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. Pursuant to New Jersey Revised Statutes 26:2H-57, 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: Designation of Health Care Representative.
- Part 2: Instruction Directive.
- Part 3: Anatomical Gifts at Death.
- Part 4: 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:
