

REVOCATION OF
MENTAL HEALTH POWER OF ATTORNEY

I, _____,
Declarant, executed a Mental Health Care Power of Attorney on the _____ day of
_____, 20____.

20 Pa.C.S. Section 5839 provides that a Mental Health Power of Attorney may be
revoked in whole or in part by written statement at any time by the principal if the
principal is not incapable.

This is my written revocation as indicated above of my Mental Health Power of Attorney
is provided to all persons to whom I have provided a copy of my that Mental Health
Power of Attorney.

DATED this the _____ day of _____, 20____.

Signature of Principal: _____

Printed Name of Principal: _____

Address of Principal: _____