

**REVOCATION OF**  
**DIRECTIVE TO PHYSICIAN ON BEHALF OF A MINOR**

I, \_\_\_\_\_, Declarant,  
having executed a Directive on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, on  
behalf of \_\_\_\_\_, a minor and my  
\_\_\_\_\_ spouse \_\_\_\_\_ child \_\_\_\_\_ ward.

Texas Health and Safety Code § 166.042 provides that I may revoke a directive at any time by:

(1) me or someone in my presence and at my direction canceling, defacing, obliterating,  
burning, tearing, or otherwise destroying the directive;

(2) me signing and dating a written revocation that expresses my intent to revoke the  
directive; or

(3) the me orally stating my intent to revoke the directive.

This is my written revocation of the above referenced Directive and I am providing a copy of it  
to my physician.

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

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

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

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