

# **REVOCATION OF ADVANCE MEDICAL DIRECTIVE**

(Code of Virginia § 54.1-2985)

I, \_\_\_\_\_, Declarant,  
executed an Advance Medical Directive on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, regarding my decisions and choice that my life not be prolonged by extraordinary means  
and exercising certain other options available to me.

The Code of Virginia § 54.1-2985 provides that " An advance directive may be revoked at any  
time by the declarant (i) by a signed, dated writing; (ii) by physical cancellation or destruction of  
the advance directive by the declarant or another in his presence and at his direction; or (iii) by  
oral expression of intent to revoke...."

This is my written revocation of my Advance Medical Directive and is provided to all persons to  
whom I have provided a copy of my Advance Medical Directive.

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

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

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

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