

REVOCATION OF
PSYCHIATRIC ADVANCE DIRECTIVE

(Wyoming Statutes 35-22-307)

I, _____,
Declarant, executed a Psychiatric Advance Directive on the _____ day of
_____, 20____.

Wyoming Statutes 35-22-307 provides that " A psychiatric advance directive may be revoked at any time by the person who is the subject of the directive unless he is mentally incompetent or at any time by any other person who is, pursuant to the laws of this state or any other state, authorized to consent to or refuse psychiatric restabilization measures on behalf of the person who is the subject of the directive."

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

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____