



\_\_\_\_\_

*Name*

**I have an Advance Care Plan. In case of an emergency, please contact my Healthcare decision-maker:**

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Phone number*

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**Copies of my Advance Care Plan is located:**  
(List all locations)

**In my home:** \_\_\_\_\_

**In my car:** \_\_\_\_\_

**With my doctor. Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Other:** \_\_\_\_\_