



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