



U.S. Living Will Registry
Registration Agreement

Table with Source Code 56106100

Registrant's Identifying Information (Please type or print clearly) Name:

First Middle Last Suffix

Social Security Number: Date of Birth: Month Day Year

Address - Primary Residence: Street Address Apt #

City State Zip Code

Secondary Residence (if any): Street Address Apt #

City State Zip Code

Phone Number: Home: Work: Secondary Residence:

Emergency Contact #1: Name: Relationship to Registrant:

Address:

Telephone Number: Home: Work/Other:

Emergency Contact #2: Name: Telephone:

I, ("Registrant" or "I"), request that the U.S. Living Will Registry, with offices at 523 Westfield Ave., PO Box 2789, Westfield, New Jersey 07091-2789 ("Registry"), electronically store a copy of my attached advance directive (living will and/or health care proxy), and provide a copy of the stored advance directive to any health care provider who requests it in conjunction with providing care to me.

I. Registration and Certification: I submit the information herein to confirm my identity if a health care provider requests a copy of my advance directive. I certify that this information is correct, and that the attached advance directive is my currently effective advance directive, which was properly executed in accordance with the laws of the state where it was executed.

II. Authorization: I authorize the Registry to send a copy of my advance directive to any health care provider that requests a copy of it, provided the request conforms to the Registry's policies and procedures. The Registry is not authorized to share my personal information with parties other than health care providers (as defined herein). A copy of this Agreement may be used in place of the original document.

III. Limitations on Liability: Registration is free of charge. Registry shall not be liable for the improper transmission/disclosure of my advance directive.

IV. Term: This Agreement shall remain in effect until Registry receives reliable information that the Registrant is deceased, the Registrant requests, in writing, that the Agreement be terminated, or until registration is cancelled pursuant to the Registry's policies and procedures. When the Agreement is terminated, Registry will use best efforts to remove Registrant's advance directive from its files.

I hereby agree to the above terms and certify to the accuracy of the information provided. I am legally capable of executing this registration.

X Signature of Registrant or Legal Guardian (Guardian must provide proof of authority) DATED: / /

WITNESS STATEMENT: I declare that the Registrant who signed this document is personally known to me, that he/she signed or acknowledged this document in my presence, and that he/she appears to be of sound mind and under no duress or undue influence.

Signature: (Witness #1) Print Name: DATED: / /

Signature: (Witness #2) Print Name: DATED: / /