**SINGLE PRELIMINARY INFORMATION**

|  |
| --- |
|  Full Name: |
| Name you prefer to be called: | Citizen of US? Yes No, where? |
| Date of birth: | Last 3 Digits of SSN: DL#: |
|  Cell Phone: |  Email: |

|  |
| --- |
| Place of Employment: |
| Work Address: |  |
| City, State: | Zip Code: |
|  Work Phone |  Work Fax: |

|  |
| --- |
| Home Address: |
| City: I State: I Zip: |
| County of Residence: | Home Phone: |

|  |
| --- |
| Did anyone refer you to us? Yes No If yes, whom may we thank? |
|  Where will you be storing your completed documents? |

Who do you want to name as **Agent(s)** on your **Durable Power of Attorney (DPA)**?

(A Durable Power of Attorney gives the person(s) named the power to sign your name if you are not

able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.) Do you want the DPA to be effective immediately or only upon declaration of incapacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Do you have any other POAs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:   |
| 2nd Agent | Name: Relation:  | Address:   |
| 3rd Agent | Name: Relation:  | Address:   |

Who do you want to name as **Agent(s)** on your **Medical Power of Attorney**?

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:  Phone Number(s):   |
| 2nd Agent | Name: Relation:  | Address:  Phone Number(s):   |
| 3rd Agent | Name: Relation:  | Address:  Phone Number(s):   |

Who do you want to name as the **Guardian(s)** of yourself if you are unable to care for yourself?

|  |  |  |
| --- | --- | --- |
|  | Name(s) | Relation |
| 1stGuardian(s) |  |  |
| 2ndGuardian(s) |  |  |
| 3rd Guardian(s) |  |  |

Who do you want to name on your **HIPAA** document, giving doctors authority to talk to those named?

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:   |
| 2nd Agent | Name: Relation:  | Address:   |
| 3rd Agent | Name: Relation:  | Address:   |

Who do you want to appoint as your **Agent** to **dispose of your remains**? Do you want to be buried or cremated?

Agent(s)

|  |  |  |
| --- | --- | --- |
| 1st Agent | Name: Relation:  | Address:   |
| 2nd Agent | Name: Relation:  | Address:   |
| 3rd Agent | Name: Relation:  | Address:   |