

INFORMATION SHEET for HEALTH CARE POWER OF ATTORNEY
(for your own use: not a legal document)

Agent: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell phone: _____

Pager: _____

E-Mail Address: _____

Alternate Agent: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell phone: _____

Pager: _____

E-Mail Address: _____