

## Part 5 — Signing the Form

If you have filled out this form, you must sign and date it. You must also have 2 other people sign as witnesses. You do not need to have an Advance Directive form notarized to make it legal in Maine. However, if you travel or live part of the year out-of-state, it would be wise to have it signed by a Notary. Some states require this. You can find this service under Notary Public in the phone book. Most banks also have Notaries Public and will usually notarize papers for bank customers when asked.

**Sign and date the form here:**

Sign your name: \_\_\_\_\_

Address: \_\_\_\_\_

Print your name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**First witness:**

Sign your name: \_\_\_\_\_

Address: \_\_\_\_\_

Print your name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**Second witness:**

Sign your name: \_\_\_\_\_

Address: \_\_\_\_\_

Print your name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**Notary Acknowledgment.** Then personally appeared the above named \_\_\_\_\_ to me well known and acknowledged this Advance Directive, including power of attorney for health care, as his/her free act and deed before me.

Date: \_\_\_\_\_

\_\_\_\_\_

Notary Public State of: \_\_\_\_\_

Commission Exp.: \_\_\_\_\_

\_\_\_\_\_

Print Name

**Make sure to tell people.** Tell your family members, doctors, and others close to you what you have decided. You should talk to the agent(s) you have chosen to make sure that they understand your wishes and are willing to carry them out. Give a copy of this form to your doctor, to any other health care providers you have, to any place where you get health care, and to any agents you have chosen in Part 1. Please be sure to list on the front page, the people who have copies.

**Canceling the form.** You have the right to cancel or replace this form at any time. To cancel the form, write "canceled" in large letters and the date on your original. Tell each person and place you gave a copy that you have canceled the form. Ask them to mark their records, and give them a copy of any new form you may fill out.