FIRST CHOICE
YOUR TRUSTED SERVICE

First Choice Mobile Notary & Apostille
(866) 828-6856
Book an Appointment Online
www.firstchoicenotary.com

How to Revoke an Arizona Health Care Directive

Revocation of Health Care Power of Attorney, Living Will or Mental Health Care POA

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Use this form to cancel all or part of a health care power of attorney, living will or mental health care power of attorney. A written, notarized revocation leaves a clear record for hospitals and family.

1. **Check what you are revoking**
   List each document and its date.
2. **List who gets a copy**
   Your doctors, hospital, former agent and family.
3. **Sign before a notary**
   Bring a current photo ID.
4. **Update the registry**
   If you filed with the Arizona Health Care Directives Registry, ask to remove or replace it.

Signing requirements: Signed by you. Notarization is recommended so the revocation is clearly documented.

After It's Signed

- If you want new instructions or a new agent, sign a new directive.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices
Mobile Notary & Apostille Services
Arizona-Commissioned Notaries • Serving Arizona

Call us anytime
(866) 828-6856
Book an Appointment Online
www.firstchoicenotary.com

Have questions about your Revocation of Health Care Directive? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Arizona attorney. © 2026 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

REVOCATION OF HEALTH CARE DIRECTIVE

State of Arizona • A.R.S. §§ 36-3202 and 36-3285

Full name

Date of birth

Address

I revoke the following health care directive(s) (check each that applies):

☐ Health care power of attorney dated:

Date

Agent named

☐ Living will dated:

Date

☐ Mental health care power of attorney dated (may not be revoked while I am found incapable):

Date

☐ All health care directives I have previously signed.

☐ Only the following part(s):

Any agent named in a revoked directive no longer has authority to act for me. I ask that this revocation be placed in my medical records and, if my directive was filed with the Arizona Health Care Directives Registry, that it be removed.

I am delivering copies of this revocation to (doctors, facilities, former agents, family)

X

Signature

Date

© 2026 First Choice Mobile Notary & Apostille • Serving Arizona • (866) 828-6856 | www.firstchoicenotary.com

ACKNOWLEDGMENT

STATE OF ARIZONA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ (name(s) of person(s) acknowledging).

X _____
Signature of Notary Public

_____
Notary Public (printed name)

_____ _____
My commission expires Commission number

(Notary seal)

© 2026 First Choice Mobile Notary & Apostille • Serving Arizona • (866) 828-6856 | www.firstchoicenotary.com