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How to Complete Your Florida Revocation of Advance Directive

Revocation of Advance Directive (Section 765.104, Florida Statutes)

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

About this form. This form cancels a Florida health care advance directive you signed earlier, such as a Designation of Health Care Surrogate or a Living Will. You may revoke an advance directive at any time while you have capacity.

1. **Identify the documents you are revoking**
   Check each document you are revoking, such as a Designation of Health Care Surrogate or a Living Will, and enter the date it was signed.
2. **Name anyone you are replacing (optional)**
   If you are removing a surrogate, enter his or her name so providers know that person no longer has authority.
3. **Sign and date in front of a notary**
   Do not sign or date the form ahead of time. Bring a current, government-issued photo ID. Our notary completes the acknowledgment.

After It's Signed

- Under Florida law, a revocation takes effect when it is communicated to the surrogate, health care provider, or health care facility. Give copies to each of them.
- Ask your doctor and hospital to place this revocation in your medical records, and collect or destroy old copies of the revoked document.
- If you want new instructions, sign a new Designation of Health Care Surrogate or Living Will. Our free forms are available on our website.

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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**. Main headquarters: 2315 Capitol Avenue, Sacramento, CA 95816.

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REVOCATION OF ADVANCE DIRECTIVE

(Section 765.104, Florida Statutes)

I, (full legal name) _____ Date of birth _____

Address (street, city, state, ZIP) _____

being of sound mind, revoke the following health care advance directive(s) that I previously signed (check each that applies):

☐ Designation of Health Care Surrogate

Date signed _____ Name of surrogate and alternate being revoked _____

☐ Living Will

Date signed _____

☐ Designation of Health Care Surrogate for a Minor

Date signed _____ Name of minor(s) and surrogate _____

☐ Other advance directive (describe): _____

Description and date

☐ **All** health care advance directives I have signed before the date of this revocation.

Each person named as my surrogate or alternate surrogate in a revoked document no longer has authority to make health care decisions for me or to receive my health information under that document. I ask that this revocation be placed in my medical records, and that my health care providers and facilities be informed of it.

SIGNATURE

X _____ Date _____

Signature

Printed name _____

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NOTARY ACKNOWLEDGMENT

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of

☐ physical presence or

☐ online notarization,

this day of _____ month _____ year _____

by (name of person signing) _____

☐ Personally Known OR

☐ Produced Identification

Type of identification produced _____

X _____

Signature of Notary Public

Print, type, or stamp commissioned name of Notary Public _____

Commission number _____ Commission expires _____

(Notary seal)

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