FIRST CHOICE
YOUR TRUSTED SERVICE

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

# How to Complete Your Texas Revocation of Advance Directive

Revocation of Medical Power of Attorney or Directive to Physicians (Texas Health and Safety Code Sections 166.042 and 166.155)

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

**About this form.** Use this form to cancel a Texas Medical Power of Attorney, Directive to Physicians (living will), or similar advance directive you signed earlier.

1. **Identify the documents (Page 1)**
   Check each advance directive you are revoking and enter its date and the name of any agent or spokesperson.
2. **Sign and date (Page 2)**
   Texas allows you to revoke an advance directive at any time. Signing in front of a notary creates clear proof of the date and your identity if anyone later questions it.
3. **Notify your doctor and agent (Page 2)**
   A written revocation of a Directive to Physicians takes effect only when your attending physician is notified. Record each notice on Page 2.

## After It's Signed

- Give a copy to your attending physician, your hospital, and each agent or spokesperson named in the old document.
- Ask them to destroy or return their copies of the revoked document.
- If you want new instructions, sign a new Medical Power of Attorney or Directive to Physicians. We have free Texas forms for both.

**Need a Notary? We Come to You.**

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

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

**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.

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 Texas 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 ADVANCE DIRECTIVE

(Texas Health and Safety Code Sections 166.042 and 166.155)

I,

Full legal name | Date of birth

Address (street, city, state, ZIP)

hereby revoke the following advance directive(s) that I previously signed (check each that applies):

**Medical Power of Attorney**

Date signed | Name of agent(s) whose authority is revoked

**Directive to Physicians and Family or Surrogates** (living will)

Date signed | Name of spokesperson(s), if any

**Other advance directive**

Date signed | Description

I intend that the document(s) checked above have no further force or effect. I request that my physicians and health care providers enter this revocation in my medical records and mark each page of the revoked document(s) “VOID,” and that any agent or spokesperson named in them stop acting for me.

Declarant's initials: _____



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

## SIGNATURE

Date

X

Signature

Printed name

## NOTARY ACKNOWLEDGMENT

**STATE OF TEXAS** §

**COUNTY OF** §

This instrument was acknowledged before me on

Date

by (name of declarant)

X

Notary Public, State of Texas

(Notary seal)

Notary's printed name

Notary ID number

My commission expires

## RECORD OF NOTICE OF REVOCATION

A copy of this revocation was delivered to the following physician(s), health care provider(s), and agent(s):

| Name of physician, provider, or agent | Method (hand, mail, fax, email) | Date delivered |
|---|---|---|
| Name of physician, provider, or agent | Method (hand, mail, fax, email) | Date delivered |
| Name of physician, provider, or agent | Method (hand, mail, fax, email) | Date delivered |
| Name of physician, provider, or agent | Method (hand, mail, fax, email) | Date delivered |



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