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# How to Complete Your Utah Revocation of Advance Health Care Directive

Revocation of Advance Health Care Directive (Utah Code 75A-9-114)

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

**About this form.** Use this form to cancel a Utah advance health care directive, including any power of attorney for health care, or an advance mental health care directive.

1. **Identify the documents (Page 1)**
   Check each document you are revoking and enter its date and agent names.
2. **Sign before a notary (Page 2)**
   Under Utah law, you may revoke a directive at any time while you have capacity. A notarized revocation gives clear proof of the date and your identity. Bring a current, government-issued photo ID.
3. **Notify your doctors and agents (Page 2)**
   Give copies to your doctor, hospital, and each agent named, and record each notice.

## After It's Signed

- Ask them to destroy or return their copies of the revoked documents.
- To give new instructions, sign a new Utah Advance Health Care Directive. We have a free form.

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**Need legal advice about this Utah document?** Gavrilov & Brooks Law Firm has a Utah-licensed attorney, with attorneys licensed in other states as well. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

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# REVOCATION OF ADVANCE HEALTH CARE DIRECTIVE

(Utah Code 75A-9-114)

I,

Full legal name | Date of birth

Address

revoke the following document(s) that I previously signed (check each that applies):

**Advance Health Care Directive** (including any power of attorney for health care)

Date signed | Agent(s) whose authority is revoked

**Advance Mental Health Care Directive**

Date signed

**Other health care directive**

Date signed | Description

I intend that the document(s) checked above have no further effect. I ask my physicians and health care providers to note this revocation in my medical records, and I direct any agent named in a revoked document to stop acting for me.

Declarant's initials: _____



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Date

X

Signature

Printed name

## NOTARY ACKNOWLEDGMENT

**STATE OF UTAH )**
**) ss.**
**COUNTY OF ) **

On this day

of (month and year)

before me, the undersigned notary public, personally appeared

name of signer

proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged that he/she/they executed the same. Witness my hand and official seal.

X

Notary Public

(Notary seal)

Notary's printed name

Commission number

My commission expires

## RECORD OF NOTICE OF REVOCATION

A copy was delivered to the following physicians, providers, and agents:

| Name | Method | Date delivered |
|---|---|---|
| Name | Method | Date delivered |
| Name | Method | Date delivered |
| Name | Method | Date delivered |



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