



North Carolina Secretary of State

Advance Health Care Directive Registry

P.O. Box 29622 Raleigh, NC 27626-0622

www.sosnc.gov/health

REMOVAL FORM

INSTRUCTIONS: Please complete the information listed below in order to withdraw your health care directive information from our database. When completed, YOUR SIGNATURE MUST BE NOTARIZED BY A COMMISSIONED NOTARY.

Please return this form to the address listed above. There is NO FEE for this service.

1. Registrant's Full Name _____
2. Registrant's File Number: _____
3. Check the health care directive(s) that you wish to remove from the registry.
 - A health care power of attorney;
 - Advance directive for a natural death (living will);
 - An advance instruction for mental health treatment; or
 - A declaration of an anatomical gift.

I understand that neither the entry of a document into, nor the removal of a document from the registry will: 1) affect the validity of the document(s) in whole or in part; 2) relate to the accuracy of the information contained in the document(s); 3) create a presumption regarding the validity of the document(s) or the accuracy of the information contained in the document(s), or that the statutory requirements for the document(s) has/have been met.

Registrant's Signature: _____

If you are submitting this Removal Form for a deceased Registrant, please complete the sections below and return this form with a certified copy of the Registrant's Death Certificate. The Death Certificate will be returned to you.

Sign your name _____ Print your name _____

Mailing address: _____

SEAL	STATE OF _____
	COUNTY OF _____

Signed and sworn to (or affirmed) before me this day by _____
_____ day of _____, 20____. (Printed Name of Declarant)

Witness my hand and official seal, this the _____
(Official Signature of Notary)

_____, Notary
(Notary's printed or typed name)

My commission expires: _____
(Date mm/dd/yyyy)