**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)*

North Carolina Secretary of State

Advance Health Care Directive Registry

P.O. Box 29622 Raleigh, NC 27626-0622 [www.sosnc.gov](http://www.sosnc.gov/)/health

**REMOVAL FORM**

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)*