



SECRETARY OF THE STATE OF NORTH CAROLINA

Advance Health Care Directive Registry

P. O. Box 29622

Raleigh, NC 27626-0622

Website: www.NCLifelinks.org & www.sosnc.com

REVOCATION FORM

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 withdraw my documents from the Advance Health Care Directive Registry

1. Registrant's Full Name: _____

2. Registrant's File Number: _____ Password: _____

3. Registrant's Social Security #: _____

4. Check the health care directives that you wish to withdraw:

- A health care power of attorney;
- A declaration of a desire for a natural death;
- An advance instruction for mental health treatment; or
- A declaration of an anatomical gift.

Registrant's Signature _____
(Must sign form in front of a Notary)

SEAL STATE OF _____
COUNTY OF _____

Before me _____, a Notary Public, personally appeared _____ who being duly sworn, declared that he signed the foregoing application in the capacity indicated and that the statements contained therein are true.

This the _____ day of _____ 20____.

Notary Public

My commission expires: _____.