

CANCELLING MY ADVANCE CARE DIRECTIVE



Government of
South Australia



Your
initial:

Witness
initial:

Date:

Certification statement or JP stamp.
For use of certifying copies only (leave blank on original).

To revoke your Advance Care Directive you must understand the consequences of not having an Advance Care Directive.

You only need to complete this cancellation form if you want to cancel but *not* replace your Advance Care Directive.

To cancel and replace your Advance Care Directive, simply complete a new Advance Care Directive Form.

Cancelling my Advance Care Directive

Do not complete this form unless you wish to cancel (revoke) your Advance Care Directive.

I,

(Full legal name of person who gave the Advance Care Directive)

Date of birth
(dd/mm/yyyy):

/ /

understand the consequences of revoking this Advance Care Directive and do so pursuant to section 29 of the *Advance Care Directives Act 2013 (SA)*.

Signature:

Date:

/ /

(Signature of person who gave the Advance Care Directive)

An authorised witness must fill in this section and certify that you understand the consequences of revoking your Advance Care Directive.

Witness Statement:

I,

(Full name of authorised witness)

Phone:

Witness category:

certify that I am satisfied that the person who gave this Advance Care Directive is competent and understands the consequences of revoking this Advance Care Directive.

Signature:

Date:

/ /

(Signature of authorised witness)