



APPOINTING ADDITIONAL SUBSTITUTE DECISION MAKERS FORM

Use the fillable PDF to fill out the details of your additional Substitute Decision Makers. Print out the pages once you have completed the form.

Instructions for using this form:

1. Type in the details of your additional Substitute Decision-Makers
2. Have your Substitute Decision-Makers read the 'Information for Substitute Decision-Makers' found on www.advancecaredirectives.sa.gov.au
3. Ask your Substitute Decision-Makers to sign the acceptance page/s (they must sign before you and your witness sign) - they can sign electronically here
4. Number the pages accordingly - i.e. 3.1, 3.2 and 10.1, 10.2 and so on (depending on how many additional Substitute Decision-Makers you appoint)
5. Print the document
6. Add these additional pages in their respective order within the other pages of your Advance Care Directive Form.

Your
initial:

Witness
initial:

Date: / /

Substitute Decision-Maker

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

Cross out this section by placing a large "Z", if you are not appointing an additional person.

Substitute Decision-Maker

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

Cross out this section by placing a large "Z", if you are not appointing an additional person.

Substitute Decision-Maker

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

Cross out this section by placing a large "Z", if you are not appointing an additional person.

Substitute Decision-Maker

Full name:*	
Date of birth (dd/mm/yyyy):*	/ /
Address:*	
Phone number:*	

Your
initial:

Witness
initial:

Date: / /

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person’s individuality.

Full name:*	
Signature:*	
Date (dd/mm/yyyy):*	/ /

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person’s individuality.

Cross out this section by placing a large “Z”, if you are not appointing an additional person.

Full name:*	
Signature:*	
Date (dd/mm/yyyy):*	/ /



Your
initial:

Witness
initial:

Date: / /

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

- » I have read the **Information for Substitute Decision-Makers**; and
- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person’s individuality.

Cross out this section by placing a large “Z”, if you are not appointing an additional person.

Full name:*	
Signature:*	
Date (dd/mm/yyyy):*	/ /

Substitute Decision-Maker

I accept my appointment as Substitute Decision-Maker and state that:

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- » I understand the obligations of an appointed Substitute Decision-Maker; and
- » I undertake to act in accordance with any known values and wishes of the person making the appointment; and
- » I undertake to promote the personal and social wellbeing of the person making the appointment, having regard to the need to respect the person’s individuality.

Cross out this section by placing a large “Z”, if you are not appointing an additional person.

Full name:*	
Signature:*	
Date (dd/mm/yyyy):*	/ /

