

Advance Directive for Military Veterans

Personal Information

Full Name

Date of Birth

Military Service Number/ID

Branch of Service

Rank

Health Care Agent Information

Name of Health Care Agent

Relationship

Phone Number

Address

Directive Instructions

Care Preferences and Medical Treatment Wishes

Life Support / Life-Sustaining Treatment Instructions

Military-Related Considerations

Military-Related Concerns or Benefits

VA Claims and Benefits Contacts

Other Instructions

Funeral, Burial, or Memorial Preferences

Other Wishes or Comments

Signatures

Veteran's Signature

Date

Witness 1 Signature

Date

Witness 2 Signature

Date