

Springing Medical Power of Attorney

Principal Information

Full Name

Address

Phone

Agent Information

Agent Full Name

Agent Address

Agent Phone

Alternate Agent Information (Optional)

Alternate Agent Name

Alternate Agent Address

Alternate Agent Phone

Triggering Condition

This power of attorney becomes effective upon certification by (Specify conditions and/or physicians required):

Medical Powers Granted

Details or limitations on agent's authority:

Expiration (if any)

Expiration Date or Event

Principal Signature

Date

Witness #1 Name

Witness #1 Signature

Witness #2 Name

Witness #2 Signature

Notary Public (if required):