

Personal Directive Information Card

Protected A (when completed)

Office of the Public Guardian and Trustee

You may wish to complete the information card(s) below so that you can keep it in your wallet with your other identification.

If there was an emergency and you were unable to communicate, this card may be valuable so that a physician can contact your Agent(s) to obtain a copy of your personal directive.

Personal Directive Information Card	In case of emergency, please contact my Agent(s) to obtain a copy of my personal directive:	
Ι,	Name(s)	Telephone
have made a personal directive that expresses my wishes regarding personal matters.		
Date yyyy-mm-dd Signature	My personal directive information is registered with the Office of the Public Guardian and Trustee. Yes No	
	Н	
Personal Directive Information Card		e contact my Agent(s) to obta ive:
Personal Directive Information Card	In case of emergency, pleas	
Personal Directive Information Card I, have made a personal directive that expresses my wishes regarding personal matters.	In case of emergency, pleas a copy of my personal direct	ive:
I,have made a personal directive that expresses my wishes	In case of emergency, pleas a copy of my personal direct	Telephone Telephone ation is registered with the